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Transcript of Public Hearing

Date: October 28, 2020

Case: Mercy Hospital and Medical Center / In Re:

Planet Depos

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

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IN RE: :
Public Comments :
Regarding Application :
for the discontinuation : Project No. 20-039
of Mercy Hospital and :
Medical Center General :
Acute Care Hospital. :

- - - - - x

HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Hyatt Regency McCormick Place
Grant Park Room
2233 South Dr. Martin Luther King Jr. Drive
Chicago, Illinois
Wednesday, October 28, 2020
10:00 a.m.

Job No.: 330087
Pages: 1 - 76
Reported By: Courtney Petros, RPR, CSR

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PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES

REVIEW BOARD, by

GEORGE ROATE, Public Hearing Officer

MICHAEL CONSTANTINO, Public Hearing Officer

COURTNEY AVERY, Public Hearing Officer

ANN GUILD, Compliance Manager

525 West Jefferson Street

Second Floor

Springfield, IL 62761

(217) 782-3516

1 PROCEEDINGS

2 HEARING OFFICER ROATE: Good morning. My
3 name is George Roate. I am accompanied by
4 Ms. Courtney Avery, Mr. Mike Constantino, and
5 Ms. Ann Guild. We represent the Illinois Health
6 Facilities and Services Review Board. We are here
7 to conduct a public hearing on the proposed
8 project known as Project No. 20-039, Mercy
9 Hospital and Medical Center.

10 The applicants, Mercy Hospital and Medical
11 Center, Mercy Health System of Chicago, and
12 Trinity Health Corporation propose to discontinue
13 a 412-bed acute care hospital located at 2525
14 South Michigan Avenue, Chicago. There is no
15 project cost. Per the rules of the Illinois
16 Health Facilities and Services Review Board, the
17 legal notice will be included in today's record.

18 "Legal notice of public hearing and
19 opportunity for written comment.

20 "In accordance with the requirements of
21 the Illinois Health Facilities Planning Act and 77
22 Illinois Adm. Code Part 1130 of the Illinois
23 Health Facilities and Services Review Board,
24 notice is given of a public hearing on an

Transcript of Public Hearing
Conducted on October 28, 2020

1 application for the discontinuation of Mercy
2 Hospital and Medical Center general acute care
3 hospital, 2525 South Michigan Avenue, Chicago,
4 Illinois.

5 "The public hearing is to be held pursuant
6 to the Illinois Health Facilities Planning Act (20
7 ILCS 3960). The public hearing is open to the
8 public with the opportunity to present relevant
9 verbal and written comments on the proposed
10 project. The public hearing will be held in three
11 sessions, October 28, 29, and 30, as follows:
12 Wednesday, October 28th, 2020, 10:00 a.m. to
13 2:00 p.m., Hyatt Regency McCormick Place, Grant
14 Park Room, 2233 South Dr. Martin Luther King Jr.
15 Drive, Chicago, Illinois. In-person testimony
16 only. Thursday, October 29th, 2020, 1:00 p.m. to
17 4:00 p.m. via WebEx only. Friday, October 30th,
18 2020, 10:00 a.m. to 1:00 p.m. via WebEx only.

19 "In accordance with COVID-19 recommended
20 guidelines, access to the hearing room will be
21 limited to 20 persons at any given time.
22 Attendees must wear a mask, socially distance, and
23 exit the hearing room after speaking to allow
24 others access. All guidelines will be strictly

1 enforced.

2 "The public will also be able to remotely
3 access this public hearing session for observation
4 only via WebEx.

5 "Notice: This hearing will be accessible
6 to persons with special needs in compliance with
7 pertinent state and federal laws upon notification
8 of anticipated attendance. Persons with special
9 needs should contact Courtney Avery at the Health
10 Facilities and Services Review Board office by
11 telephone at (217) 782-3516 (TTY # 800-547-0466
12 for hearing impaired only) or by letter at least
13 one week prior to scheduled hearing."

14 In addition to today's public hearing,
15 there will be two additional opportunities for the
16 public to present testimony. These will be via
17 WebEx only. These remote hearings will be held on
18 Thursday, October 29th from 1:00 p.m. to 4:00 p.m.
19 and on Friday, October 30th from 10:00 a.m. to
20 1:00 p.m. Please go to hfsrb.illinois.gov for
21 additional instructions.

22 To ensure that the Illinois Health
23 Facilities and Services Review Board's public
24 hearings protect the privacy and maintain the

1 confidentiality of an individual's health
2 information, covered entities, as defined by the
3 Health Insurance Portability Act of 1996, such as
4 facilities, hospital providers, health plans, and
5 health care clearinghouses, submitting oral or
6 written testimony that discloses protected health
7 information of individuals shall have a valid
8 written authorization from that individual. The
9 authorization shall allow the covered entity to
10 share the individual's protected health
11 information at this hearing.

12 To maintain compliance with COVID-19
13 health protection protocols, we ask that all
14 attendees maintain appropriate social distancing,
15 wear masks, and that no more than 25 attendees
16 occupy the meeting room at any given time. You
17 will be called to speak in the order in which you
18 signed in, and we ask that you exit the room
19 immediately after providing your testimony.

20 Those of you who came with prepared text
21 for your presentation may choose to submit that
22 text without giving testimony. However, if you're
23 giving oral testimony, please be as brief as
24 possible. As per the legal notice, I would

1 appreciate two copies of your testimony. When you
2 make your presentation, please give the court
3 reporter the spelling of your complete name. If
4 there is a chief spokesperson for the applicant,
5 we would like that individual to make the first
6 presentation. The remaining testimony will be
7 taken in the order of the names on the registers.
8 Is there someone from the applicant who wishes to
9 make the first presentation?

10 Thank you. Please approach the podium,
11 ma'am.

12 MS. SCHNEIDER: Good morning. My name is
13 Carol L. Garikes Schneider. Carol, C-A-R-O-L,
14 Garikes, G-A-R-I-K-E-S, Schneider,
15 S-C-H-N-E-I-D-E-R.

16 I have served as the president and CEO of
17 Mercy Hospital and Medical Center for the last
18 seven and a half years.

19 Since my first days at Mercy, I have
20 worked tirelessly to put our hospital on a
21 financially sustainable path in spite of enormous
22 challenges that all safety net hospitals face
23 today, including rising expenses to run and
24 operate a hospital, changes in payor mix, and

1 health care trends moving from inpatient to
2 outpatient care, with reduced reimbursement rates
3 from the state.

4 When our future prospects looked
5 unsustainable a few years ago, we began to look at
6 new ways to help our community while staying true
7 to our Catholic mission. In January of 2020, we
8 at Mercy Hospital and Trinity Health formed a
9 coalition with three other south side hospitals to
10 create an independent health system and build a
11 new state-of-the-art hospital and three to six
12 outpatient centers to ultimately replace the aged
13 hospital facilities. No one hospital or system
14 could address the south side health inequities on
15 their own.

16 The south side transformation plan was to
17 build this new hospital and outpatient sites
18 before any of the existing hospitals closed with
19 these goals: First, expand access to quality
20 preventive care and services in our own community;
21 increase access to coordinated care, the right
22 care, at the right time, in the right setting; and
23 address the significant and historic health
24 inequities south side residents face, including

1 unacceptable life expectancies for residents in
2 our south side ZIP codes.

3 The south side transformation project was
4 to be funded with public and private commitments
5 over ten years for a total investment of \$1.1
6 billion. It would have included a medical group
7 with 140 employed primary and specialty providers
8 and would have maintained 3,445 jobs in our
9 community.

10 In early 2020, we launched a community
11 outreach initiative to raise awareness of the plan
12 in our community and seek input and support. In
13 this period, we met with elected officials and
14 held community town halls virtually due to
15 COVID-19, during which over 700 community members
16 in 11 ZIP codes heard the details of the south
17 side transformation plan.

18 Sadly, it was not meant to be. During the
19 last few hours of the spring legislative session,
20 the Illinois legislature elected not to fund the
21 south side transformation plan as part of the
22 funding for the Illinois hospital transformation
23 program. On May 25, 2020, the south side
24 coalition notified the state that there was no

1 path forward. The south side coalition
2 subsequently disbanded at the end of May.

3 While closing the hospital is an
4 incredibly tough decision, it is the right one,
5 and one that will allow us to best continue our
6 Catholic mission of providing access to health
7 care for poor and underserved patients. This
8 transformation will allow us to continue the
9 mission with the proposed outpatient center that
10 will provide necessary services that patients on
11 the south side today need.

12 This sustainable plan laid out in our CON
13 will do just that. I support it fully. Thank
14 you.

15 HEARING OFFICER ROATE: Thank you. Sir,
16 we have you next. We ask that you please approach
17 the podium and give the court reporter your name.

18 DR. DAVENPORT: Good morning. My name is
19 Dr. Michael Davenport. M-I-C-H-A-E-L,
20 D-A-V-E-N-P-O-R-T. I am the chief medical officer
21 at the Mercy Hospital and Medical Center. As a
22 resident of the community and a lifelong
23 physician, I am here to ask you to support our
24 plans to discontinue services at Mercy Hospital

1 and transform to an outpatient model of care.

2 I have seen firsthand how hard it is for
3 safety net hospitals to operate in this current
4 care delivery model we have today. While many
5 health care systems across our country are
6 transforming to outpatient models, the south side
7 network of care has not, and this has brought
8 about a day where it is almost impossible for
9 safety net hospitals to achieve a financially
10 sustainable path.

11 The COVID-19 pandemic has only exacerbated
12 what we already knew. Seeing in the hospital
13 incidence of chronic diseases that impact African
14 Americans more than others which has led to a
15 troubling divide between life expectancy on the
16 south side that is far lower than life expectancy
17 on the north side.

18 Taken together, these challenges, lower
19 reimbursement rates, rising expenses, and the
20 impact of COVID, all demand change. And while
21 change never comes easy, our patients deserve
22 change. We have worked for many months to bring
23 about the change in health care our patients need.

24 While disappointed our initial

1 transformation plans were not approved by the
2 legislature, we remain committed to this
3 transformation with the outpatient clinic that
4 Trinity Health will open to serve our community.

5 We ask the Board to support our
6 application to continue to serve the south side
7 patients through an outpatient center model.

8 Thank you.

9 HEARING OFFICER ROATE: Next speaker,
10 please. Ma'am?

11 MS. DAVIS: Good morning, everyone. My
12 name is Etta, E-T-T-A, Davis, D-A-V-I-S. I am a
13 resident and vice president of the Dearborn Homes
14 local advisory council and a member of the Lugenia
15 Burns Health Center.

16 I am here today because I am also a
17 patient of Mercy Hospital and have been for ten
18 years or more. I am here today because I have
19 also worked at Mercy for 13 years, and I've always
20 thought that medicine was about saving lives more
21 than profits. Something is wrong with the system
22 when people who don't care about human lives are
23 able to buy into hospitals for profit.

24 You see, with Mercy Hospital, the doctors,

1 the medical staff discovered that I was a
2 diabetic. Yes, walking around with blood sugar of
3 450 or more. They also helped to get my blood
4 pressure regulated. I could have passed out at
5 any given time. This is one of the ways that
6 Mercy Hospital has impacted my life. I saw them
7 bring my sister back from the brink of death, not
8 once, but twice. I know that my sister would have
9 died if they had taken her -- transported her
10 across town to another hospital. This is why
11 Mercy Hospital has impacted my life.

12 We have over 216 seniors, not to mention
13 our disabled residents residing in the Dearborn
14 Homes. Many of them have told me about -- and I
15 have been privileged to see -- Mercy Hospital
16 revitalize and improve their quality of life. All
17 of these things and more are reasons why Mercy
18 Hospital has impacted my life.

19 When I think about the possibility of
20 Mercy Hospital leaving, I think to myself, here we
21 go again as we did when they tore down Michael
22 Reese Hospital, scrambling around to get medical
23 records, and, perhaps, the loss of lives due to
24 time wasted when someone, including myself, should

1 experience cardiac, respiratory, or any kind of
2 trauma where time is of the utmost importance.

3 There are some in my community who don't
4 even have carfare to get to other clinics, but at
5 least they can walk or wheel themselves to Mercy
6 Hospital. So these are ways that losing Mercy
7 Hospital would affect me and others. The majority
8 of people who are dying from COVID are black and
9 brown people, and, yet, you want to close this
10 hospital and especially during a pandemic.

11 We need Governor Pritzker, Mayor Lori
12 Lightfoot, and the Trinity organization along with
13 the State Board and whoever else to come up with a
14 solution to save this hospital, and we need it
15 now. I listen to Governor Pritzker and Mayor
16 Lightfoot talking about the stats on COVID, and
17 that's good we're being informed. Now we need to
18 hear from them on what they're doing to save Mercy
19 Hospital and other hospitals from closures in
20 black communities. We also need to hear from you,
21 President Toni Preckwinkle, I can't hear you.
22 Save Mercy Hospital. Thank you.

23 HEARING OFFICER ROATE: Thank you, ma'am.

24 MS. WILSON: Good morning. My name is

1 Dolores Wilson. D-O-L-O-R-E-S, W-I-L-S-O-N. I am
2 a resident of Dearborn Homes, and I am a patient
3 at Mercy Hospital. I have -- I used to work at
4 Mercy many -- 75 years ago before the fire, and I
5 am so happy to be living near -- in my old age
6 near a hospital that I used to work at and get
7 good service.

8 I could walk to Mercy, but my knees bother
9 me, and I go to Mercy for my knee. I have to take
10 two buses, but that's okay, as long as I can get
11 to a hospital that's close to where I live. A lot
12 of people say, oh, you look good at 91 years old.
13 Looks do not keep you alive. It's my insides.
14 I'm going to the doctor from head to toe. My
15 eyes, my cardiologist, my colonoscopy, I'm taking
16 medicine from A to Z, my knees, my feet.

17 And then you're talking about -- I don't
18 know what you're really talking about. I don't
19 know if you're tearing down the hospital or
20 putting another name onto it. All I know is money
21 must be the reason, and money that I do not have.
22 My health is not really what I have too much of,
23 but I thank God for the years that he has given me
24 and the words that he has put in my mouth to speak

1 up for a place that have been trying -- that have
2 kept me in pretty good health all these years.

3 I feel sorry for my neighbor. She cannot
4 even make it to Mercy. She always has to call
5 Pace or get someone that could bring her, but at
6 least it's close and none of that is charged is
7 not an arm and a leg.

8 You know, I didn't know what I was going
9 to say when I came here today, but then when I got
10 in here and they had to help me out of the Uber --
11 I hope I'm pronouncing that right -- to get here,
12 then they were helping me to just walk around
13 because of my knee. When I go to Mercy Hospital,
14 I feel so much at home, because I know that I
15 don't have to wait all day to see a doctor, and
16 the doctors that I go to see are right on time and
17 taking good care of me. And I thank God for 91
18 years of life. I know I won't live 91 more, but I
19 know that the years that I will live I owe to
20 Mercy Hospital. Thank you.

21 HEARING OFFICER ROATE: Thank you, ma'am.

22 MS. HONEYCUTT: Good morning. My name is
23 Nancy Honeycutt. I'm the chief nursing officer at
24 Mercy Hospital and Medical Center. I'm here to

1 share my support of Mercy's plan to discontinue
2 services at the hospital.

3 I, along with my team of hundreds of
4 nurses and clinical caregivers, am reminded every
5 day of the flaws that exist within our current
6 system of health and the ways this system is not
7 meeting the unique needs of south side patients.

8 Chicago has the largest life expectancy
9 gap in the country, over 30 years for residents on
10 the south side as compared to residents on the
11 north side. Health inequities continue to persist
12 with higher incidences of chronic disease and
13 other disparities that are aggravated by social
14 determinants of health, including food insecurity,
15 housing, and trauma.

16 As disparities in outcomes in health
17 remain stubbornly high, it is not access to more
18 hospital beds that is most needed. In fact,
19 nearly half of the hospital beds in our planning
20 area remain empty, making it nearly impossible for
21 each of the safety net hospitals to survive. This
22 issue, and a desire to better meet the needs of
23 south side patients, was the heart of our proposal
24 of the south side transformation that legislators,

1 unfortunately, failed to approve.

2 Closing a hospital is never easy, but, in
3 this case, a necessary step in the transformation
4 of health for patients -- that patients on the
5 south side need.

6 Mercy has a long history in our community,
7 and I have been proud to play a role in that
8 history. I am also pleased to see the ongoing
9 commitment to community health by Trinity and
10 Mercy and their plan to open a Mercy Care Center
11 to meet the community's need for urgent care,
12 diagnostics, and care coordination. Getting
13 patients to the right specialist for care before
14 illnesses require a hospitalization is a step -- a
15 step toward reducing health disparities.

16 I urge the Board to support Mercy's plans
17 and to take the bold steps needed to transform the
18 system of health on Chicago's south side. Thank
19 you very much.

20 HEARING OFFICER ROATE: Thank you. Next
21 speaker, please.

22 MS. MOORE: My name is Brenda Moore.

23 B-R-E-N-D-A, M-O-O-R-E. I'm a resident of the
24 Dearborn Homes. I also work for the LAC council

1 as treasurer.

2 I have been in the Dearborns for over nine
3 years, and since I have been there, I have been a
4 patient of Mercy. My family included has been
5 patients. I have a daughter that has Graves'
6 disease and full-blown sickle cell. Me, myself,
7 I'm a diabetic, I have an enlarged heart, I have
8 low kneecaps, along with a bad back.

9 When I first came to Mercy, the doctors
10 had told me by me being 550 pounds I wouldn't be
11 able to walk again. But the doctors and the
12 nurses and the health care at Mercy have brought
13 me from 325-pound weight loss to helping me learn
14 how to walk again, to be able to have someone to
15 encourage me.

16 If it had not been for Mercy, I don't know
17 what I would have done. Mercy helped save me.
18 They take very good care of my daughter. She's
19 able to move around and to keep a job. Even
20 though we have chronic pains, if it was not for
21 Mercy, I don't know what I would do.

22 I'm asking you to, please, have patience
23 and let Mercy stay there. So many people, so many
24 seniors, so many children, I have children that

1 live in my building that have asthma, I have
2 people in my building that are disabled, and we
3 really need Mercy, and we're begging you, please,
4 do not close Mercy.

5 Mercy is the only hospital that we can go
6 to right away. People with heart attacks, it
7 would take too long for them to get there. We
8 appreciate you and everything you're doing.
9 Please keep Mercy open.

10 HEARING OFFICER ROATE: Thank you, ma'am.

11 REPRESENTATIVE MAH: Good morning. My
12 name is State Representative Theresa Mah. I
13 represent the 2nd House District in the Illinois
14 General Assembly. My district is just a few
15 blocks west of Mercy Hospital, but the hospital
16 might as well be in my district. So many of my
17 constituents in Chinatown, Armor Square,
18 Bridgeport, and east Pilsen rely on this hospital
19 as the closest full-service hospital providing for
20 their health care needs.

21 As a state legislator representing a large
22 number of constituents within Mercy's service area
23 and as a resident who myself relies on Mercy
24 Hospital and its physicians group as the provider

1 for my own health care am strongly opposed to the
2 closure announced recently.

3 If Mercy Hospital were to close its doors,
4 my constituents in communities in Chinatown, Armor
5 Square, Pilsen, and Bridgeport would be left
6 without a full-service hospital, and community
7 members who are employed by the hospital system
8 would be left without jobs during an economic
9 recession and an ongoing pandemic.

10 Residents in the eastern part of my
11 district, especially Chinese immigrant families
12 and seniors in Chinatown, are already challenged
13 by various barriers to adequate health care such
14 as transportation and language access. The
15 proposed closure would increase these barriers
16 significantly as residents would need to travel
17 farther and interact with hospital systems in
18 other neighborhoods not prepared to serve the
19 specific needs of this population.

20 The nearest full-service hospitals are, on
21 average, more than five miles away from the heart
22 of my communities. But the populations I
23 represent, Chinese immigrants, many of whom are
24 limited English proficient senior citizens, and,

1 as I said, transportation challenged, many from
2 low-income families that rely on services of this
3 community safety net hospital, five miles may as
4 well be on another plant. Five miles is a matter
5 of life or death, a matter of having access to
6 health care or none at all.

7 These factors that I just mentioned,
8 immigration status, English proficiency, distance,
9 and access to transportation, as well as income
10 level, are factors that contribute to the social
11 determinants of health that already make it
12 difficult to access health care and contribute to
13 the gaping racial health disparities that already
14 exist in our communities.

15 These racial disparities that cut down the
16 average life span of our community members based
17 on race, class, immigration status should be what
18 we're working to break down, not to increase. It
19 is the height of irresponsibility, in my view, and
20 it is heartless and deeply detrimental to our
21 communities to propose this closure in the middle
22 of a pandemic, especially one that has already
23 exposed the deep inequities that exist in our
24 society.

1 Closing this hospital would not only
2 deepen those inequities, multiplying the health
3 disparities, because this closure absolutely
4 disproportionately affects black, brown, poor,
5 elderly, and immigrant communities. The
6 availability of health care should not be based on
7 profit calculations. Health care is a human
8 right, and our community's welfare deserves to be
9 considered in these decisions that fundamentally
10 affect their health.

11 I want to make it absolutely clear and on
12 record that access to health care for my
13 constituents is of utmost importance to me. It
14 has been a top priority for the residents of my
15 district. I believe it is unconscionable for a
16 wealthy and profitable parent company to close a
17 hospital in a minority, low-income area during a
18 pandemic when other hospitals in wealthier areas
19 under their ownership are expanding and receiving
20 investments for upgrades.

21 It is my hope that the Illinois Health
22 Facilities and Services Review Board will deny the
23 current application to close Mercy Hospital.
24 Thank you for your consideration.

1 HEARING OFFICER ROATE: Thank you. Next
2 speaker.

3 MS. ORMSBY: Good morning. My name is
4 Joan Ormsby, and I'm the chief operating officer
5 of Mercy Hospital and Medical Center and have
6 served in this role for the past three years.

7 During my time as COO, we have worked
8 diligently to make changes to ensure our safety
9 net hospital is on a path of financial stability.
10 While we have tried several different courses of
11 action to achieve this goal, it is clear today
12 there is no financially sustainable path for our
13 hospital.

14 This dynamic exists because of the factors
15 that have created a more challenging environment
16 for the entire health care industry, which have
17 affected hospitals like ours across the country
18 for many years. The onset of the COVID-19
19 pandemic has simply made an already difficult
20 situation worse.

21 Like many hospitals in the Chicago market,
22 we have struggled to make ends meet for many
23 years. Since purchasing Mercy Hospital in 2012,
24 Trinity Health has significantly invested in the

1 care and facilities needed by the community.
2 Since acquisition, Trinity has invested more than
3 \$124 million in infrastructure improvements at
4 Mercy Hospital and provided more than \$112 million
5 in funding so Mercy could meet its short-term
6 operating needs. Our monthly operating losses of
7 \$4 million can no longer be sustained.

8 In addition, Mercy Hospital's aging
9 facility will require at least \$100 million of
10 additional capital investments in the next five
11 years to maintain a safe and sustainable acute
12 care environment.

13 The health care delivery system, as it
14 exists today, is not financially stable and is not
15 providing access to the care the community needs.
16 Our patients need transformation that strengthens
17 access to the kind of care that will help keep
18 them out of the hospital, which is what has been
19 proposed with the outpatient clinic we hope to
20 establish.

21 I urge the Board to take the steps needed
22 to transform our system of health on Chicago's
23 south side and to approve our application to
24 discontinue services at Mercy Hospital.

1 HEARING OFFICER ROATE: Thank you. Next
2 speaker, please.

3 MR. SCHUSTERIC: Good morning. I would
4 first like to thank the committee for permitting
5 me to speak today. My name is David Schusteric,
6 and I'm standing here today as a member of the
7 community in opposition of the closure of Mercy
8 Hospital and Medical Center.

9 HEARING OFFICER ROATE: Sir, can you give
10 us the spelling of your last name, please?

11 MR. SCHUSTERIC: Sure. It's
12 S-C-H-U-S-T-E-R-I-C.

13 HEARING OFFICER ROATE: Thank you.

14 MR. SCHUSTERIC: President Barack Obama
15 once said, change will not come if we wait for
16 some other person or some other time. We are the
17 ones we've been waiting for. We are the change
18 that we seek. With this in mind, it's up to us
19 today to not only stand up for Mercy, but to stand
20 up to social inequalities and health disparities
21 within the south side of Chicago.

22 Shutting down Mercy will only amplify
23 these imbalances by further creating a health care
24 desert to a community already suffering from

1 health care injustice and would simply be
2 inhumane. The fact that we're even speaking about
3 shutting down a hospital during the worst pandemic
4 since the Spanish flu is just cruel, foolish, and
5 senseless.

6 If COVID-19 has taught us anything, it's
7 the fact that black and brown communities suffer
8 the worst during a health care crisis. Yet,
9 instead of fighting together to end this pandemic
10 as a community, we're here talking about closing
11 the first hospital in Chicago which has
12 consistently served the underprivileged for over
13 168 years.

14 I have read all 238 pages of the closure
15 information provided to the committee by Mercy
16 Hospital as well as all 128 pages from Mercy's
17 2019 community health assessment, and strongly
18 call BS. This is not about serving the community
19 but about corporate self-indulgence.

20 When Trinity Health acquired Mercy, they
21 knew the financial restraint. At the end of FY20,
22 Trinity reported an operating revenue of \$18.8
23 billion, and that's only a 2.4 percent loss from
24 the previous year during a pandemic. Of the

1 information provided to the community, Mercy
2 provides limited detail about their outpatient
3 model. Their own health assessment shows mental
4 health is the number one need for the south side
5 of Chicago, yet, Mercy is ignoring to include this
6 in their new model, even when they're recording an
7 increase in inpatient mental health visits.

8 This pandemic has not been easy on any of
9 us. It's pretty simple that a lot of us probably
10 in this room are feeling anxious, have many signs
11 of depression due to our new norm. It's
12 disgraceful that Trinity is including these clear
13 details about how they would close the facility,
14 if regular services would be provided, and what
15 the true future will hold.

16 On top of all of this, Trinity had
17 attempted to open one of these facilities in
18 another state, and it failed, resulting in the
19 facility to close. This was just last year that
20 this clinic closed, the exact same one they want
21 to open up here.

22 If Mercy closed and moved to an outpatient
23 model, over 1,700 jobs could be lost in an economy
24 already hit hard by COVID-19, and Trinity would

1 profit off the sales of Mercy's prime real estate
2 while the employees and patients would agonize the
3 magnitude.

4 Success isn't about how much money you
5 make, it's about the difference you make in
6 people's life. The staff at Mercy make a
7 difference every damn day for those patients.
8 However, I agree Mercy, does suffer loss after
9 loss, month after month, particularly due to the
10 patient population it serves, the underserved and
11 Medicaid patients. Mercy does need some form of
12 assistance from the state of Illinois in order to
13 provide the services desperately needed for the
14 community to survive.

15 All it takes is one step to change a life.
16 Everyone deserves affordable care close to home.
17 Instead of closing, the state of Illinois should
18 provide assistance for Mercy to rebuild at the
19 hospital's old site which currently Mercy owns.
20 It's a parking lot. The new facility should still
21 be a full hospital with downsized inpatient model
22 and expand outpatient services like they would
23 like to do. This can be easily done, but Trinity
24 needs to stop being gluttonous and start truly

1 living up to Mercy's own mission and values and
2 give a damn about the community.

3 Stop closing hospitals in brown and black
4 communities that don't have services nearby. A
5 lot of these patients do not have the
6 transportation to take to get to one mile away.
7 They barely can get to where they need to go right
8 now.

9 I believe we should also be talking about
10 amending Administrative Code 1100.510(d) which
11 defines a hospital's market area for facilities
12 located in Chicago and surrounding counties as a
13 radius of ten miles. In 2003, my father was
14 involved in a car accident just outside of Starved
15 Rock. The nearest hospital was 10.1 miles away,
16 which is approximately 19 miles in the south
17 county. My father died at that hospital that
18 evening, and at 12 years old I was fatherless and
19 felt as if I had to grow up overnight. The
20 situation led me to work in hospital management,
21 because I couldn't stand to see how health care
22 was changing. Ten miles is life or death. That
23 is what we're talking about, especially in a city
24 that's filled with constant construction and

1 traffic.

2 In closing, the late Supreme Court Justice
3 Ruth Bader Ginsburg said, fight for the things
4 that you care about, but do it in a way that will
5 lead others to join you. I hope that you join me
6 and prevent this closure from happening. We can
7 do better. We have to do better. Mercy is not
8 finished. Mercy is just getting started. Thank
9 you for your time.

10 HEARING OFFICER ROATE: Thank you.

11 MS. HARGREAVES: Good morning. My name is
12 Diane Hargreaves, and I am the chief human
13 resources officer for Mercy Hospital and Medical
14 Center.

15 As Mercy's HR leader, I understand the
16 impact this will have on our colleagues and
17 medical staff. Consistent with our commitment to
18 treating everyone with dignity and respect, we are
19 taking significant steps to ensure a fair
20 transition for our dedicated team and a smooth
21 transition for our patients.

22 We sincerely hope to retain all of our
23 staff, including our clinicians and physicians,
24 until the date of our closure. To assist in our

1 transition to delivering outpatient care for our
2 community, we have developed a thoughtful,
3 comprehensive process to ensure we are supporting
4 colleagues in every way possible, including a
5 retention incentive for colleagues who remain with
6 us until closure, employee assistance programs for
7 colleagues and their immediate family members, the
8 identification of other opportunities at other
9 hospitals within Trinity Health, including Loyola
10 University Medical Center, Gottlieb Memorial
11 Hospital, and MacNeal Hospital, as well as career
12 transition services, severance pay, and
13 outplacement services for those who are unable to
14 transition to a new role within the Trinity Health
15 system.

16 While we know this change will create
17 stress for our colleagues, we also know health
18 care workers are needed across the spectrum. Our
19 talented and compassionate staff will be
20 extraordinarily competitive for all the open
21 doors, jobs within the health care market in our
22 area.

23 At the end of the day, there simply is no
24 path toward financial sustainability at Mercy

1 Hospital, and we must begin the work to transform
2 health care in our communities. Our staff and
3 patients are best served by an outpatient model
4 that better meets the needs of all.

5 I urge you to support Mercy's
6 transformation plans. Thank you.

7 MS. STIGER: Hello. My name is Denise
8 Stiger. Last name is S-T-I-G-E-R.

9 I don't have nothing wrote down. I'm just
10 talking from my heart. I represent Teamsters
11 Local 743, the members that work at Mercy Hospital
12 from the food service workers, housekeepers,
13 transportation, SPD, and sterilize and prep.

14 It's very disheartening when you hear that
15 a hospital was told to us that it was closing,
16 that it was not told to us the proper -- that it
17 was going into a clinic. We had to hear it from
18 outside legislation.

19 I grew up in this neighborhood. I was a
20 patient at Mercy Hospital, and my family is a
21 patient at Mercy Hospital. Mercy Hospital is the
22 only hospital that has a decent behavior program,
23 it has a decent -- the only on the south side in
24 this area that has a hospice center.

1 Right now, it is a pandemic. If this
2 hospital closes, it would put strains on our other
3 members which is at Provident Hospital which the
4 ER is going to be closing. That means for our
5 other members at the University of Chicago
6 Hospital, those members -- patients will be coming
7 there, and they don't really want the patients
8 from Mercy and Provident coming to that hospital.

9 Right now, when the University is
10 overcrowded in the ER, the ER goes back-pass. So
11 if Mercy Hospital closes, which the ER sees over
12 65,000 people in the emergency room and Provident
13 Hospital sees 50,000 people in the emergency room,
14 all those patients will go to the University of
15 Chicago. That means the lack of resources in the
16 hospital, the hospital is already overcrowded,
17 it's becoming to be understaffed, do we really
18 want over 100,000 patients coming to the
19 University of Chicago? No.

20 This area will go into a health disaster
21 area for the black and brown people. This
22 hospital also serves different neighborhoods from
23 Bridgeport, Pilsen, and Chinatown. Mercy Hospital
24 is a beautiful hospital that our members clean,

1 and they take care of the patients, and they love
2 to go here. To close this hospital and turn it
3 into a traditional clinic will be a slap in the
4 face in this community and the outside area,
5 because it will not go for the poor, it will go
6 for -- I want to say -- how the neighborhood has
7 changed, the gentrification of this area. It
8 won't go for poor people, and that would mean the
9 poor people would have to go miles and miles away
10 to get services.

11 Just two weeks ago, a man had a heart
12 attack outside of Provident Hospital. The doctors
13 had to resus him outside. So if Mercy Hospital
14 and the ER is gone and Provident ER is gone, that
15 man probably couldn't have made it to University.
16 He would have died.

17 Please reconsider closing Mercy Hospital,
18 especially during a pandemic and our numbers are
19 rising in Chicago. We need this hospital to stay
20 open, not because we represent members there, but
21 we need this hospital to stay open to serve this
22 community.

23 We don't need a clinic again.
24 Northwestern is already going to build a clinic on

1 the south side. Mercy has clinics on the south
2 side. We don't need another clinic. We need for
3 this hospital to stay as a community hospital. It
4 is one of the cleanest hospitals in this area.

5 Please, keep this hospital open. Thank
6 you.

7 HEARING OFFICER ROATE: Thank you. Next
8 speaker.

9 MS. SAMPSON: Good morning. My name is
10 Jameika Sampson, S-A-M-P-S-O-N, and I am the
11 director of community health and well-being at
12 Mercy Hospital and Medical Center.

13 In my role, I have been responsible for
14 the development of the hospital's holistic
15 community health improvement strategies with a
16 particular focus on health equity policies. I
17 have worked closely with all the safety net
18 hospitals in the area to strengthen our
19 coordinated network of care for the vulnerable
20 populations we serve.

21 As we faced an ongoing series of
22 challenges, our hospital joined the south side
23 transformation plan, and it was my job to inform
24 community members, civic leaders, and residents

1 across the area about the potential of this
2 transformation to strengthen their access to care.

3 We launched a robust community outreach
4 effort that included one-on-one meetings, an
5 online presence that gathered input from residents
6 in the area, and virtual town halls. Across each
7 of these platforms, we were regularly met with a
8 receptive audience of more than 700 community
9 leaders and residents. They are all anxious for
10 greater access to the preventive care they need
11 and lack today and were supportive of a plan that
12 would transform a system clearly in need of
13 repair.

14 While our plan was not approved by the
15 state, I'd like to express the deep desire for
16 change I heard across thousands of stakeholders
17 I've engaged with during my time at Mercy.

18 I urge you to support Mercy's application
19 to lead the transformation of care south side
20 patients deserve.

21 HEARING OFFICER ROATE: Thank you. Next
22 speaker.

23 MR. CROWLEY: Hello. My name is Brendan
24 Crowley, B-R-E-N-D-A-N, C-R-O-W-L-E-Y, and I am

1 here on behalf of Teamsters Local 743, and we
2 represent 250 members at Mercy Medical Center, and
3 I hope that we represent their families' interests
4 as well.

5 Decade after decade after decade, our
6 members have served as the unsung heroes of
7 Chicago's health care community. We provide
8 direct care to patients through CNAs, we cook and
9 provide meals to patients throughout the city,
10 including at Mercy Hospital, and we clean the
11 facilities, including Mercy. Housekeeping a
12 service, which has only recently gotten its due
13 respect from the community, is essential to
14 patient care.

15 But most importantly, our community -- our
16 members have been serving their community. In the
17 hospital's and city's and nation's time of need
18 during this pandemic, the largest one since the
19 Spanish flu, our members answered the call. Our
20 members woke up, got dressed, said goodbye,
21 sometimes for the last time, to their families,
22 and went into health care. We did not get the
23 respect that the nurses got. We did not get the
24 respect that the doctors got. There are no weeks

1 for housekeepers and health care facilities.

2 While the professional class moved to work
3 from home into their offices in their apartments
4 and condominiums, our members went into the
5 pandemic. Our members clean the rooms of patients
6 suffering from COVID-19. Our members gave direct
7 care to these employee -- or to these patients.

8 The takeaway of the livelihood of these
9 members that have sometimes worked here for
10 decades upon decades upon decades during the time
11 where they answered this call is cruel. It's
12 cruel. Recently, and just now to talk about the
13 transition of these people, some employees that
14 have been there for 40 plus years. I'm sure they
15 may get another job at a Walmart, at a Best Buy,
16 somewhere else, they may even get a job with
17 Trinity health care, but most of those jobs will
18 not have the benefit of being able to serve the
19 communities that these people have dedicated their
20 lives to nor will they come with the benefits and
21 security of the Teamster contract.

22 I hope you oppose the closing of Mercy
23 Hospital. I know we do.

24 HEARING OFFICER ROATE: Thank you. Next

1 speaker.

2 MR. MAYER: Good morning. My name is
3 Grant Mayer, M-A-Y-E-R. I'm the executive
4 director of Mercy Medical Group, Mercy Hospital
5 and Medical Center.

6 As the executive director of Mercy Medical
7 Group, we employ physician physicians who provide care at
8 Mercy Hospital, I'm urging your support of Mercy's
9 plan to transform to an outpatient model.

10 It is exceedingly difficult for
11 administrators of safety net hospitals to make
12 ends meet within the structure of our current
13 system. Over the many years I've served in this
14 job, there have been dramatic changes to the
15 financial structure within the model of health
16 care, yet the infrastructure of our model lags and
17 does not keep up with the changes and what
18 patients need and the best ways to meet those
19 changes.

20 The reimbursement rates have changed in
21 many ways over the decades, making it one of many
22 reasons safety net hospitals struggle to survive
23 today. In addition, costs of technology in health
24 care have skyrocketed, requiring significant

1 investments to keep up with the latest treatments
2 needed to diagnose and treat illnesses
3 appropriately.

4 Since April 1st, 2012, Trinity has
5 invested more than \$124 million in infrastructure
6 improvements at Mercy Hospital and provided more
7 than \$112 million in funding so Mercy Hospital
8 could meet its short-term operating needs. But
9 our expenses continue to grow as our ability to
10 meet these financial obligations has become
11 increasingly strained. This is not a sustainable
12 path for the hospital, and it is not providing
13 access to the kind of care patients need today.

14 The right answers for patients and our
15 system of health is a move to outpatient care.
16 The outpatient clinic proposed by Mercy will offer
17 not just urgent care, but will also feature the
18 diagnostic equipment needed to provide early
19 diagnosis and preventive care that keeps patients
20 from needing emergency or hospital care in the
21 first place.

22 I urge you to support Mercy's application
23 and pave the way for a stronger future of health
24 on Chicago's south side. Thank you.

1 HEARING OFFICER ROATE: Thank you. Next
2 speaker, please.

3 MR. WILSON: My name is Rod Wilson. I'm
4 the executive director of the Lugenia Burns Hope
5 Center. Our members, some of whom spoke earlier
6 and we have others who are going to speak today,
7 are patients at Mercy and have had the pleasure of
8 being at the hospital and the hospital saved many
9 of their lives. We have senior buildings like the
10 Lincoln Perry Apartments, Pioneer Village. We
11 have public housing developments, Dearborn Homes,
12 Wentworth Gardens. So there are many people who
13 utilize the services of Mercy and need those
14 services.

15 It is sad that we're even entertaining
16 closing a hospital, a safety net hospital, in the
17 middle of a global pandemic in a black community
18 where we've seen the highest fatalities across the
19 board. One thing COVID has shown us is the health
20 inequities that exist in the black community. And
21 it would be unconscionable to close a hospital in
22 the black community at this time.

23 The purpose of a commission like this is
24 so that a health conglomerate or hedge fund cannot

1 just make a decision like this. It's for you all
2 to look at what is the greater good. You are the
3 safeguard to make sure the communities that these
4 hospitals serves are not harmed. Our first
5 priority is to do no harm.

6 So we want to make sure that Mercy stays
7 open. We need this hospital in our community.
8 Without this hospital, we're going to see
9 especially why in Illinois, in Chicago our rates
10 are rising up. We are making the wrong type of
11 turn with entertaining the thought of closing a
12 hospital.

13 So on behalf of the Lugenia Burns Hope
14 Center, along with our residents, the broader
15 community on the south side, I implore you,
16 please, do not close this hospital. We need this
17 hospital for our community. Save Mercy Hospital.
18 Thank you.

19 HEARING OFFICER ROATE: Thank you, sir.
20 Next speaker, please.

21 MS. SWAIN: Good morning. My name is
22 Willie, W-I-L-L-I-E, Swain, S-W-A-I-N. And about
23 the Mercy Hospital, if it wasn't for Mercy, this
24 arm here, I would have been in bad shape. Because

1 of Mercy Hospital, it has saved my life and many,
2 many more people's lives, black, white, Asian, all
3 ethnicities. And I'm asking and praying that you
4 keep Mercy Hospital open. Thank you.

5 HEARING OFFICER ROATE: Thank you. Next
6 speaker, please.

7 MS. RATCLIFFE: Hello. My name is Rhonda
8 Ratcliffe, R-A-T-C-L-I-F-F-E.

9 I'm a patient at Mercy Hospital for over
10 20 years, and I have the best doctors and nurses,
11 and it would be very bad for you all to close it
12 up. I don't know what we would do. It saved my
13 life, my husband's life, so I just ask you to keep
14 it open. Thank you.

15 HEARING OFFICER ROATE: Thank you. Next
16 speaker, please.

17 MR. BENNETT: Good morning. My name is
18 Shannon Bennett. I'm with the Kenwood Oakland
19 Community Organization. That's S-H-A-N-N-O-N,
20 B-E-N-N-E-T-T.

21 Like many of the speakers that have come
22 before you, we have a connection that impacts our
23 lives to Mercy Hospital. The people that spoke on
24 behalf of Mercy Hospital, some of them have a

1 vested interest in employment and are probably
2 going to be secure when they speak on supporting
3 the closure of Mercy.

4 We live in this community. We don't
5 support losing a safety net hospital during a
6 pandemic. The first thing that we would like this
7 committee to really consider is that there are
8 offers on the table of groups that are interested
9 in filling a void in Mercy and Trinity if Trinity
10 wants to pull out. That's crucial. We have
11 alternatives.

12 Secondly, we have reached out to the
13 governor's office, we have state legislators, some
14 which have testified today, to look at solutions
15 to support a group that comes to the table to
16 sustain the hospital. Some groups have plans for
17 at least five years and then in between that five
18 years work on support.

19 So if Trinity wants to leave our
20 community, we can't stop them. We cannot lose
21 this resource of a hospital. That's where
22 stronger minds should come together and think
23 about the resources to the Chinatown community,
24 the African American community along State Street,

1 the Dearborn public housing, folks need this
2 institution.

3 Secondly, we have to really look at what
4 possibly could be motive. Trinity may want to
5 look to buy more land in a gentrified community
6 and profit off of that. We need the state to
7 intervene. We need state intervention to look at
8 how to bring a discussion about a transition so
9 that we don't miss a beat as far as providing
10 services to our community. We can't let this
11 hospital close. We lost Michael Reese. We also
12 have a pending loss of an emergency room at
13 Provident Hospital. That's very real.

14 The county -- the people are familiar with
15 what the Cook County President is saying about
16 investing in Provident. I live in the
17 neighborhood. We see the signs going up, but when
18 we talk to employees and people telling us that
19 there's talk about losing the emergency room, we
20 have a problem. The University of Chicago
21 hospital is overwhelmed. It's overwhelmed with
22 many of our constituents using the emergency room
23 as primary care. Mercy fills a void. It's
24 needed.

1 So I really want to just echo what other
2 folks have stated. We need to really look at
3 solutions. If Trinity is not going to be part of
4 the solution, we have to speak bluntly, and they
5 need to move on. They're making a profit, they've
6 made profit, there's very public information about
7 the fact that they are not taking losses. We have
8 other hospitals in other communities, but to close
9 one during a pandemic in a black community, that's
10 a crime. That's a travesty.

11 We need to make sure on our watch we don't
12 support something like that. So people who came
13 up here saying, please support their proposal,
14 those are probably very high-paid administrators
15 who are going to be taken care of. So their
16 testimony, to me, is tainted, because people lives
17 who we're speaking right now, we live in this
18 community. We live here. I cannot say that any
19 more. Our lives are impacted.

20 So please, please, understand that you all
21 have a great responsibility to talk to the powers
22 that be and recommend that we come up with
23 solutions to not take this hospital from our
24 community. We can't lose another hospital. We

1 can't. Many of the doctors and nurses were
2 transferred from Michael Reese when they closed.
3 So we can't take another hit. Thank you.

4 HEARING OFFICER ROATE: Thank you. Sir?

5 MR. BROWN: Good morning. My name is Jitu
6 Brown. That's spelled J-I-T-U, last name Brown,
7 B-R-O-W-N. I am a board member with the Kenwood
8 Oakland Community Organization and national
9 director of the Journey for Justice Alliance.

10 I think what was said by the previous
11 testimony cannot be underscored enough. When it
12 comes to black communities -- well, let me say
13 this first.

14 Institutions that most Americans take for
15 granted, grocery stores, well-resourced schools,
16 hospitals, we have to fight, claw, and scratch to
17 maintain those institutions in the black
18 community. And when we ask ourselves what does
19 social justice and what does racial justice mean,
20 we should start there. Because in this city, not
21 addressing the inequities in public education,
22 that are savage inequities, closing 50 schools in
23 one fell swoop and then watching violence explode
24 as if that's not a contributing factor, while

1 those of us in the neighborhoods are saying,
2 invest in the schools, they'll come, young people
3 will participate.

4 The former mayor of this city denied us
5 that, and I was one of the people that to save
6 Walter Dyett High School had to starve my body for
7 34 days, but we were right. When they invested in
8 equity in public education, Dyett is now busting
9 at the seams as a level I elementary school.

10 There are systematic inequities in how
11 safety net hospitals are funded that it is the
12 responsibility of bodies this like and by the
13 state of Illinois to address. We can't say if
14 schools are funded by property taxes then that
15 makes schools inequitable, ignore that when we
16 look at how schools perform.

17 By the same token, if well-to-do hospitals
18 are getting more for their reimbursements than
19 Mercy, if the company that runs Mercy is operating
20 more like a hedge funder than someone that's in
21 the mission of doing no harm, if the state of
22 Illinois is not providing other supports to bring
23 equity into public health, then we will continue
24 to see the disparity, and we are not part of the

1 solution, we are part of the problem.

2 We have to be courageous enough to address
3 what is right in front of us. People who live on
4 Diversey and Ashland are not confronted with
5 decisions like this. And they love our children
6 no more than we do. They're raising their
7 children -- they love their elders no more than we
8 do. Doc Rivers, now the coach of the Philadelphia
9 76ers, said something a few weeks ago. In tears
10 he said, all black people have done is love
11 America, and America has refused to love us back.

12 Shutting down basic quality-of-life
13 institutions in struggling communities is sabotage
14 of life, because most Americans are not confronted
15 with that. I'm a civil rights baby, so I went to
16 a great elementary school on the south side of
17 Chicago because my parents had to do sit-ins and
18 fight for them. Most folks don't have to do that
19 to get a grocery store, to get a hospital. But it
20 is undeniable that for every basic quality-of-life
21 institution that most people take for granted, we
22 have to fight for. Because disinvesting in us is
23 on the table.

24 Who would be courageous enough to look at

1 the other offers to say, no, there ever
2 alternatives to shutting down this hospital? To
3 the executives who put in the media that there are
4 other alternatives and the health care won't be
5 harmed, those are the same people that said
6 children won't be hurt if they close schools here
7 and close schools there. Then they lost thousands
8 of children.

9 Community organizations such as ours have
10 to deal with the residuals of those decisions.
11 Our members come to us for solutions. So we
12 implore you to be courageous, to be courageous, to
13 not -- let's not just say black lives matter,
14 let's address it in a structural way. Thank you
15 very much.

16 HEARING OFFICER ROATE: Thank you.

17 MR. WU: My name is David Wu, and I am a
18 community member for many, many years. I also
19 serve as the executive director of the Pui Tak
20 Center, it's a church-based community center in
21 Chicago's Chinatown. The spelling of my last name
22 is W-U. I also serve as the board president of
23 the Coalition for a Better Chinese American
24 Community.

1 I'm here because I oppose the closing of
2 Mercy Hospital as it would have a devastating
3 effect on the south side, including Chinatown.
4 This area used to be very well served with
5 hospitals. When I was a younger boy, there was a
6 hospital right in Chinatown, Louise Berg Hospital
7 at Princeton and Cermak. That closed. And then
8 in 2009, Michael Reese closed. And there's a
9 proposal to close Mercy Hospital. There's a
10 proposal to close the Cook County Health Clinic at
11 35th and Michigan.

12 And so, suddenly, Bronzeville, the south
13 side, and Chinatown suddenly have very few
14 options. The next closest option will be to go to
15 University of Illinois Medical Center or Rush or
16 Stroger. I mean, those are wonderful hospitals,
17 but Mercy is the closest hospital that is not only
18 close. For an immigrant community, proximity is
19 important, but also linguistic and cultural
20 competency is very important.

21 So Mercy has spent years, decades trying
22 to recruit Chinese doctors, nurses, and other
23 medical staff so that the hospital could well
24 serve the community. And so the community comes

1 to Mercy. I ask my kids where their friends were
2 born, and they all say Mercy Hospital is where
3 they were born. Mercy was there when I had to
4 come -- when I had a foot injury and needed an
5 emergency room. I've driven my mom here for the
6 emergency room. My -- I have many friends that
7 have had surgeries here. Unfortunately, my
8 mother-in-law passed away at Mercy. And it's a
9 critical, critical resource for the community,
10 because it's close, it's developed so many
11 supports for the community, and the community
12 would be devastated by losing it.

13 You know, I'm not a medical health finance
14 expert. I don't know how the hospital can be
15 saved, but this commission can help buy some time
16 by not approving the closing and to give
17 government leaders and other entities a chance to
18 figure out how to maintain this hospital to serve
19 the south side, including Chinatown. Thank you.

20 HEARING OFFICER ROATE: Thank you. Ma'am?

21 MS. ROPER: Good morning. My name is
22 Katherine Roper. I'm from the Englewood area, but
23 my hospital is Mercy Hospital.

24 HEARING OFFICER ROATE: Ma'am, can you

1 give us the spelling of your last name?

2 MS. ROPER: I'm sorry. R-O-P-E-R.

3 HEARING OFFICER ROATE: Roper. Okay.

4 Thank you, ma'am.

5 MS. ROPER: I've been going to Mercy
6 Hospital before I moved to the Englewood area.
7 I've been going to Mercy Hospital since 2006. My
8 mother -- my biological mother, she passed away on
9 hospice at Mercy. I had my first -- I'm sorry --
10 not my first child but my second child at Mercy,
11 and I had my daughter at Mercy in 2015.

12 If Mercy wasn't there, I don't know what
13 hospital I would be going to, because, like the
14 gentleman said, University of Chicago is
15 overwhelmed, they're not taking new patients. So
16 if Mercy closed down, what hospital would me and
17 my children be able to go to if Mercy closed down?
18 Even though there's a hospital in Englewood, I
19 bypass that hospital, because I don't get the
20 service that I get at Mercy that I would get at
21 St. Bernard, so I choose Mercy.

22 And I please pray that you all do not
23 close Mercy, because I won't know what to do, and
24 I won't have a hospital that I can trust to take

1 my children to. Thank you.

2 HEARING OFFICER ROATE: Thank you, ma'am.

3 And thank you to your daughter for being so
4 patient today. Sir?

5 DR. TEE: Good morning. My name is
6 Dr. Kim Tee. That's spelled T-E-E.

7 I am a member of the board for -- hospital
8 licensing board for the state of Illinois. I own
9 a clinic, Chinatown Foot Clinic, located at 553
10 West 31st Street right here in Chicago. It's only
11 a few blocks from Mercy Hospital.

12 I've been around for 28 years, and I
13 learned what is community hospital. Community
14 hospital is to serve the community around the
15 vicinity of Chinatown, Bridgeport, McKinley Park,
16 and the south side.

17 Now, I can speak only for my vicinity, my
18 patients around Chinatown and the Bridgeport area.
19 I have utilized Mercy Hospital for the last 28
20 years using the outpatient services, something
21 like deep venous thrombosis, people with cardiac
22 arrest that require emergency and sent to Mercy
23 Hospital with ambulance. So community hospital is
24 to serve the community. If the Mercy Hospital is

1 closed, it will be detrimental to the life of the
2 area residents of Chinatown, Bridgeport, and south
3 side.

4 Now, what I would suggest, and I urge the
5 Board for the Health Facilities and Services
6 Review Board to vote no, because, like I said, the
7 hospital is to serve the community. If the
8 hospital is having a financial issue and they have
9 trouble and they want to close, my suggestion is
10 to have another hospital financially stable to
11 take over so that we would have a hospital in the
12 area that serves the Chinatown, Bridgeport, south
13 side, McKinley Park area.

14 Again, life is precious. Ambulances
15 cannot do much sometimes. The nearest hospital
16 from this vicinity is Rush which is about four or
17 five miles away. There is no other area hospital.
18 So there is legal obligations for the community to
19 fight that -- to ensure the life of the residents
20 that when they need to use -- save their loved
21 ones.

22 So, again, one more time, I urge the
23 Health Facilities and Services Review Board to
24 vote no, not to close Mercy Hospital. Thank you

1 so much.

2 HEARING OFFICER ROATE: Thank you, sir.

3 Sir?

4 DR. DASARAJU: Good morning, everybody.

5 My name is Dr. Anudeep Dasaraju, M.D. that's
6 spelled A-N-U-D-E-E-P, last name, D-A-S-A-R-A-J-U.
7 Thank you so much for giving me the opportunity to
8 speak.

9 To the point of the previous speaker, I
10 think that it's interesting that we bring up
11 emergency medical services. Trinity Health has a
12 plan to effectively transition to an outpatient
13 care model. I don't disagree that health care is
14 loaded. Okay? That there needs to be reasonable
15 solutions to the problems that we face in the
16 health care system, but I want to highlight a
17 couple things.

18 Emergency medical services, effectively,
19 emergency life-saving services. There are three
20 subjects that I want to touch on in the time that
21 I'm given: Strokes, heart attacks, and cardiac
22 arrest. We can step back and do a little science
23 lesson, if you will. Any tissue in the body,
24 whether it be brain tissue, heart tissue, or

1 muscle tissue, when starved of oxygen for more
2 than three to five minutes begins to die. I want
3 you to remember that, three to five minutes.

4 Okay?

5 These three conditions in the medical
6 community when given the opportunity in the right
7 circumstances, we as a medical community can
8 literally perform miracles. There's not a lot of
9 miracles that I think in medicine that can be --
10 you know, save you. A lot of times we're just
11 pushing the needle down the road -- or kicking the
12 can down the road. We're trying to make sure that
13 people have reasonable lives.

14 But these are three services that we can
15 literally perform miracles, reversing strokes,
16 ending a heart attack, opening up an artery, and,
17 literally, in cardiac arrest, bringing somebody
18 back from death. Three services. Remember that
19 three to five minutes, that time frame.

20 The next three closest hospitals from
21 Mercy that are adequately equipped to treat
22 strokes, cardiac arrests, and heart attacks are
23 the University of Illinois, Cook County, Rush,
24 UIC, and Northwestern. These are the facilities

1 that are well equipped and can perform these
2 services. UIC, Cook County, and Rush are all in
3 the Medical District. They are approximately 3.3
4 miles. I looked it up on Google earlier. Google
5 says that it's 9 to 20 minutes depending on the
6 time of day.

7 I don't know if you all have used Google
8 in the city of Chicago, it lies. Every time I
9 plan to do a 10-minute commute, it takes 20
10 minutes, it takes 30 minutes. There's
11 construction everywhere. University of Illinois,
12 Cook County, and Rush, 9 to 20 minutes. The
13 University of Chicago from Mercy is approximately
14 4.6 miles. That is 12 to 24 minutes.
15 Northwestern, 4.8 miles, 12 to 35 minutes.

16 The essential services provided at Mercy
17 are necessary, because the conditions that I am
18 speaking about require urgency, they require that
19 these be treated immediately. Do not allow anyone
20 else coming and talking to you to tell you that at
21 Mercy Hospital they are treating sniffles and
22 coughs. I'm a resident at UIC. I rotate in the
23 emergency medicine department at Mercy. I treated
24 three cardiac arrests in an hour and a half two

1 weeks ago where time was of the essence. People
2 showed up dead. They did not leave my emergency
3 department dead. Those are the services that
4 Mercy provides, and that's the reason it needs to
5 stay open.

6 In closing, I want to read from Mercy
7 Hospital's mission statement. We, Mercy Hospital
8 and Medical Center, a member of Trinity Health,
9 serve together in the spirit of the gospel as a
10 compassionate and transforming, healing presence
11 within our communities. Of the six core values, I
12 want to read to you one of them: Commitment to
13 those who are poor. That is written in bold. You
14 can pause this. I want you to read this. We
15 stand with and serve those who are poor,
16 especially those most vulnerable. Those are the
17 words of Mercy Hospital and Medical Center, a
18 member of Trinity Health.

19 I am not arguing that we have to transform
20 health care. I am arguing that this is not how
21 you transform health care. Thank you very much.

22 HEARING OFFICER ROATE: Thank you, sir.
23 Ma'am?

24 DR. ARMENTA: Good morning. My name is

1 Dr. Alexia Armenta, last name, A-R-M-E-N-T-A. I
2 am an emergency medicine resident physician who
3 works at Mercy Hospital.

4 I would like to highlight who exactly
5 would be impacted most by the impending closure of
6 Mercy Hospital and urge you to stop this egregious
7 act that will create a devastating health care
8 desert on the south side of Chicago.

9 Mercy Hospital serves as a safety net
10 hospital whose catch-all area encompasses 160 city
11 blocks, an area with about 1.1 million people.
12 This includes 62 percent of Chicago's black and
13 African American population, 36 percent of
14 Chicago's Asian population, and 37 percent of
15 Chicago's Latinx population. 55 percent of the
16 population living under the poverty line in
17 Chicago is also in this area. All of these
18 patient populations are already underserved.

19 Closing Mercy Hospital, especially in the
20 height of a global pandemic, would be an act of
21 violence against this community and leave
22 one-third of the population of Chicago without
23 adequate access to health care. I urge you to
24 save Mercy Hospital as doctors across the

1 Chicagoland area disagree with this closure.

2 Thank you.

3 HEARING OFFICER ROATE: Thank you, ma'am.

4 Sir?

5 DR. SAIYASOMBAT: Hello, everyone. My
6 name is Ben. I am one of the emergency medicine
7 residents who also works at Mercy hospital. My
8 name is B-E-N, last name is Saiyasombat,
9 S-A-I-Y-A-S-O-M-B-A-T. And I'm here to oppose the
10 closing of Mercy Hospital as well as address two
11 points in terms of what Trinity has been putting
12 forward.

13 We are a multi-site consortium, that means
14 we work at multiple hospitals. We've worked at
15 Lutheran General way up north, we've worked at
16 Illinois Masonic, and we've also worked at UIC and
17 in Berwyn. And I can tell you right now, after
18 being at Mercy for the past few months as well as
19 being in the ICU at the time when COVID was at its
20 worst is that we see the sickest patients at
21 Mercy.

22 A lot of our patients have very poor
23 access to health care. They have chronic medical
24 conditions that increase their risk of death as

1 well as life-altering diseases. A lot of our
2 patients have no insurance. They're not able to
3 see a regular doctor. Some people are unable to
4 have the money or resources to make it into the
5 hospital to see their regular doctor. Some people
6 don't have transportation. Some people just don't
7 have the time to go. And what ends up happening
8 is they rely on the hospital and the emergency
9 department just to get routine medical care for
10 things like diabetes, high blood pressure, high
11 cholesterol, which are all easily-treated
12 diseases.

13 And time and time again what we see in the
14 ER and ICU is people come in late, and what ends
15 up happening is these things like diabetes and
16 high blood pressure and high cholesterol they turn
17 into heart attacks, strokes, kidney failure,
18 life-changing diseases that are also possibly
19 life-ending.

20 An outpatient center is not able to
21 adequately treat these diseases. An outpatient
22 center is not going to help people who do not have
23 the resources to utilize a place like that in the
24 first place. What our community needs is an ER,

1 an ICU, a cath lab, a stroke center, behavioral
2 health services, all things that would be taken
3 off the table if Trinity were allowed to close the
4 hospital.

5 Right now, Mercy serves as the last stop.
6 It is the lifeline for these patients who would
7 have nowhere else to go. I implore the Board to
8 please consider this in their decision-making
9 process when thinking of closing the hospital.
10 Thank you so much for having me today. Please
11 keep Mercy open.

12 HEARING OFFICER ROATE: Thank you. Ma'am?

13 MS. GOVAS: My name is Christina Govas,
14 C-H-R-I-S-T-I-N-A, last name, G-O-V-A-S. I'm
15 currently a fourth-year medical student, and I
16 rotated at Mercy Hospital, and I'm here to speak
17 in opposition of its closure.

18 We're here to fight for more than a
19 hospital. We're here to fight for time. Very
20 few, if any, have a greater sense of value of time
21 than our health care workers on the front lines
22 where a few seconds could mean the difference
23 between life and death. Every minute a stroke is
24 progressing without treatment equates to millions

1 of neurons lost. Time to treatment is critical
2 for a quality recovery. Even in an ambulance, an
3 extra 20-minute ride to the next stroke center
4 equates to billions of neurons lost. Time is
5 brain, time is survival, time is life.

6 In a heart attack, minutes matter. Each
7 minute cardiac muscle is deprived of oxygen and
8 blood flow it risks irreversible damage. Time is
9 muscle, time is survival, time is life, time
10 matters.

11 Closing Mercy Hospital means that patients
12 will have no choice but to spend more time
13 accessing care. Some may make it to the next
14 hospital in time, and, unfortunately, some may run
15 out of it. More time spent accessing care means
16 more bad outcomes.

17 The patients that Mercy Hospital serves
18 matter, the community matters, people matter,
19 their time matters, their lives matter. An
20 outpatient care center is not enough to replace a
21 full-service hospital. Mercy stands alone as a
22 safety net hospital that provides timely care to
23 an underserved community. Shutting down a
24 critical care center in the middle of a pandemic

1 is unconscionable and places an already vulnerable
2 community at higher risk.

3 We cannot sit idle and allow this to
4 happen and turn our backs on a community of
5 mothers, fathers, brothers, sisters, and children.
6 Access to care is important, time is important,
7 Mercy Hospital needs to stay open. Thank you.

8 HEARING OFFICER ROATE: Thank you.

9 (A recess was taken.)

10 HEARING OFFICER AVERY: We're going to go
11 back on the record and break until -- so we'll
12 resume at 12:45. So we're going to take a break
13 right now and resume at 12:45. Thank you.

14 (A recess was taken.)

15 HEARING OFFICER AVERY: Good afternoon.
16 We are back on the record for the Mercy Hospital
17 and Medical Center public hearing. Thank you.

18 Say your name and spell it and that will
19 be for the record.

20 MR. ULREICH: Yeah. Okay. So my name is
21 Michael Ulreich, U-L-R-E-I-C-H.

22 My wife works at Mercy and she works at
23 UIC, she's a respiratory therapist. She's been
24 taking care of COVID patients for the last six,

1 seven months. I've been in -- I've been, myself,
2 with my health problems, I've been in the hospital
3 18 times since January 15th, 6 in the emergency
4 room, and once by ambulance. I have heart
5 problems and prostate problems.

6 I told the woman I had been in the
7 hospital so much at UIC that when you're away from
8 the hospital for a while you actually miss being
9 in the hospital, and she said to me, no way. It's
10 true. You know, I think hospitals are
11 institutions like schools and other essential
12 services that need to stay open, and government
13 needs to find a way to keep these types of
14 institutions open. Schools, you shouldn't close
15 schools, you shouldn't close hospitals.

16 I've been at Mercy. I've treated at
17 Mercy. Mercy is the oldest hospital in Chicago.
18 And these are treasured institutions in the city
19 that the government needs to find a way to stay
20 open. The government has found money, the federal
21 government, in financing COVID, PPE, and other
22 projects and people's unemployment. To me, Mercy
23 is a similar problem that obviously needs funding
24 that the government is responsible for. So I'm

1 hoping that in February that Mercy Hospital is
2 still functioning and alive and well. Thank you
3 very much.

4 HEARING OFFICER AVERY: Thank you. Good
5 afternoon, ma'am. Hi, how are you?

6 MS. ROLFSEN: Thank you for allowing me to
7 be here.

8 HEARING OFFICER AVERY: So what I would
9 like for you to do is to state and spell your name
10 for the court reporter, and then speak directly
11 into here. And is the microphone for WebEx.

12 MS. ROLFSEN: Thank you very much.

13 HEARING OFFICER ROATE: You're welcome.
14 Take your time.

15 MS. ROLFSEN: My name is Norma Rolfsen,
16 N-O-R-M-A, R-O-L-F-S-E-N.

17 I'm a nurse practitioner specializing in
18 HIV and primary care. I live on the south side of
19 Chicago. I care for patients who previously
20 experienced gaps in health care and who live in
21 our historically underserved south side
22 communities. It is unacceptable that Mercy
23 Hospital be allowed to close. I work at Mercy
24 Hospital. My patients are Mercy Hospital

1 patients. We moved our clinic to Mercy Hospital
2 when Michael Reese Hospital closed. We cannot
3 allow another south side hospital to close.

4 Richard is one of my patients who was
5 referred by the University of Chicago when he was
6 laid off and had no insurance during the previous
7 recession. He was frightened, as he'd always been
8 employed and always had good insurance. When he
9 was finally able to go back to work, he was so
10 upset. He thought that I could only see him
11 through our grant program for the uninsured. He
12 wanted to keep getting his care at Mercy, even
13 when he found out he could go anywhere, and he is
14 still my patient.

15 Vanessa is one of my patients who
16 struggled to manage her HIV disease. She
17 experienced depression, and, as many mothers, had
18 a hard time prioritizing her own care. She was
19 able to get her HIV under control and then learned
20 she had cancer. Not only has she dealt with HIV
21 with grace, she has struggled and mastered her
22 depression, and she has been treated at Mercy for
23 two different types of cancer unrelated to HIV.
24 She's a rock star. She's my hero.

1 She's become the manager of her own health
2 and she will say to her provider, I don't think
3 that's what it is, and expects to be taken
4 seriously. She is her own advocate. Her
5 oncologist just referred her elsewhere because of
6 the scheduled closure. Will she need to start
7 over with a new doctor? Will her now
8 well-coordinated care become fragmented? Will her
9 insurance be accepted? Would you find this
10 acceptable?

11 Where are our residents supposed to access
12 emergency care? When I walk through the ER, I see
13 these faces and wonder, where would you go? Would
14 you have made it to another hospital? And thank
15 goodness you're here. I know that when I need to
16 send one of my patients to the ER, they will
17 receive excellent, compassionate care. I know
18 they will not be sent elsewhere because they don't
19 have insurance or because they have Medicaid. I
20 know they'll be treated with respect. I know that
21 I'll get information back about what's going on
22 with them, and that includes those with mental
23 illness and substance abuse problems.

24 I also walk past the list of the other ERs

1 that are on bypass. That is, those who are on
2 that day not accepting ambulances. How much
3 longer will the ride be to receive care now?

4 Many of my patients have mental health and
5 substance use issues. Already, there is so little
6 care to access in our south side neighborhoods.
7 Now, Mercy's outpatient department is scheduled to
8 close in November for psychiatry. Where will
9 these patients be referred to? It's an already
10 overburdened, underresourced system. Who will see
11 these patients while they wait the weeks or months
12 for an appointment?

13 We are living in a national mental health
14 and substance abuse crisis. Overdoses and suicide
15 attempts have increased. These are the real needs
16 of our citizens. We cannot close our eyes or
17 repeat gratitudes. We hear everyone from Google
18 to ABC7 say black lives matter. What about the
19 black lives of our mothers and babies? What about
20 the lives of our Latina mothers and babies, our
21 Chinese mothers and babies?

22 Do you know that today, today, this very
23 morning when I accessed the Mercy website, one of
24 the first things you see is, Good things begin at

1 Mercy. And I quote, Mercy has everything you need
2 to welcome the newest member of your family with
3 love and confidence, except the labor and delivery
4 that will still be there when you have your baby.
5 Everything except respect for the community to say
6 your lives matter. We have a crisis in our
7 African American community of maternal mortality.
8 How many more will die because of this decision?
9 You must say no.

10 I work with patients whose insurance is
11 Medicaid. I'm fully aware that the reimbursement
12 issues in our clinics and safety net hospitals are
13 bigger than Trinity or Mercy. These issues must
14 be addressed, but in the meantime, shame on us if
15 we allow care to become more difficult to access,
16 more fragmented, or to be denied while we access
17 care with our nicely accepted PPOs.

18 The decision to close Mercy, if allowed to
19 go forth, will cost lives. We will have a
20 worsening health care desert, and we will
21 absolutely see worsening health in our black and
22 brown communities served by Mercy. This hospital
23 is living its mission to serve the poor. That
24 shouldn't be dismissed by corporate greed or

1 because we refuse to see the very real and sadly
2 inevitable consequences of allowing a safety net
3 hospital to close during a pandemic that
4 disproportionately affects our community. Let us
5 respond with hope rather than live with shame.

6 I would just like to add a couple comments
7 to my prepared comments to say about some of the
8 people who probably won't be here, many of my
9 patients are essential workers and can't be here
10 to speak. There also is a gag order on Mercy
11 employees, so there are many employees who would
12 like to be here that have been threatened not to
13 speak.

14 When they discuss the -- and I use quotes
15 -- outpatient center, they call it a
16 transformation, yet, none of the outpatient
17 providers have been asked to participate or to
18 move our clinics or even to stay. Please don't
19 allow this to be called a transformation. It's a
20 tragedy. Thank you.

21 HEARING OFFICER AVERY: Thank you for your
22 time.

23 MS. ROLFSEN: Thank you very much. I
24 appreciate being able to speak.

1 (A recess was taken.)

2 HEARING OFFICER GUILD: Is there anyone
3 who wishes to testify who has not had an
4 opportunity?

5 (No response.)

6 HEARING OFFICER GUILD: Seeing none, is
7 there anyone who has testified who wishes to
8 provide additional testimony?

9 (No response.)

10 HEARING OFFICER GUILD: I would remind
11 everyone to submit your written comments to us so
12 we can have this information for the record.
13 Transcripts and written comments will be made
14 available to all Board members.

15 Also, this project is scheduled for
16 consideration by the Illinois Health Facilities
17 and Services Review Board at its December 15,
18 2020, meeting. This will be held at the
19 Bolingbrook Golf Club, 2001 Rodeo Drive,
20 Bolingbrook, Illinois. The public has until
21 November 25, 2020, to submit written comments.

22 The State Board will post its findings in
23 a State Board staff report. The report will be
24 made available on the HFSRB's website on December

1 1, 2020. The public may submit written responses
2 in support of or in opposition to the findings of
3 the Illinois Health Facilities and Services Review
4 Board. Comments on the State Board staff report
5 are due on December 7, 2020, by 9:00 a.m. Any
6 comments can be sent to: The Illinois Health
7 Facilities and Services Review Board, 525 West
8 Jefferson Street, 2nd Floor, Springfield, Illinois
9 62761. If you prefer you, may fax your comments.
10 Our fax number is 217-785-4111.

11 This public hearing is now adjourned.

12 Thank you.

13 (Off the record at 2:00 p.m.)
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1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

2

3 I, Courtney Petros, Registered
4 Professional Reporter, Certified Shorthand
5 Reporter and Notary Public, the officer before
6 whom the foregoing deposition was taken, do hereby
7 certify that the foregoing transcript is a true
8 and correct record of the testimony given; that
9 said testimony was taken by me and thereafter
10 reduced to typewriting under my direction; that
11 reading and signing was not requested; and that I
12 am neither counsel for, related to, nor employed
13 by any of the parties to this case and have no
14 interest, financial or otherwise, in its outcome.

15 IN WITNESS WHEREOF, I have hereunto signed
16 this 28th day of October, 2020.
17 My commission expires May 6th, 2023.

18



19

20 COURTNEY PETROS, RPR, CSR
21 NOTARY PUBLIC IN AND FOR THE
22 STATE OF ILLINOIS

23

24

Transcript of Public Hearing
 Conducted on October 28, 2020

<p style="text-align: center;">A</p> <p>a-n-u-d-e-e-p 57:6</p> <p>a-r-m-e-n-t-a 61:1</p> <p>abc7 71:18</p> <p>ability 41:9</p> <p>able 5:2, 12:23, 19:11, 19:14, 19:19, 39:18, 54:17, 63:2, 63:20, 69:9, 69:19, 73:24</p> <p>about 11:8, 11:23, 12:20, 12:22, 13:14, 13:19, 14:16, 15:17, 15:18, 27:2, 27:10, 27:18, 27:19, 28:2, 28:13, 29:4, 29:5, 30:2, 30:9, 30:23, 31:4, 37:1, 39:12, 43:22, 45:23, 46:8, 46:15, 46:19, 47:6, 56:16, 59:18, 61:11, 70:21, 71:18, 71:19, 73:7</p> <p>absolutely 23:3, 23:11, 72:21</p> <p>abuse 70:23, 71:14</p> <p>acceptable 70:10</p> <p>accepted 70:9, 72:17</p> <p>accepting 71:2</p> <p>access 4:20, 4:24,</p>	<p>5:3, 8:19, 8:21, 10:6, 17:17, 21:14, 22:5, 22:9, 22:12, 23:12, 25:15, 25:17, 37:2, 37:10, 41:13, 61:23, 62:23, 66:6, 70:11, 71:6, 72:15, 72:16</p> <p>accessed 71:23</p> <p>accessible 5:5</p> <p>accessing 65:13, 65:15</p> <p>accident 30:14</p> <p>accompanied 3:3</p> <p>accordance 1:13, 3:20, 4:19</p> <p>achieve 11:9, 24:11</p> <p>acquired 27:20</p> <p>acquisition 25:2</p> <p>across 11:5, 13:10, 24:17, 32:18, 37:1, 37:6, 37:16, 42:18, 61:24</p> <p>act 1:14, 3:21, 4:6, 6:3, 61:7, 61:20</p> <p>action 24:11</p> <p>actually 67:8</p> <p>acute 1:11, 3:13, 4:2, 25:11</p> <p>add 73:6</p>	<p>addition 5:14, 25:8, 40:23</p> <p>additional 5:15, 5:21, 25:10, 74:8</p> <p>address 8:14, 8:23, 49:13, 50:2, 51:14, 62:10</p> <p>addressed 72:14</p> <p>addressing 48:21</p> <p>adequate 21:13, 61:23</p> <p>adequately 58:21, 63:21</p> <p>adjourned 75:11</p> <p>adm 3:22</p> <p>administrative 30:10</p> <p>administrators 40:11, 47:14</p> <p>advisory 12:14</p> <p>advocate 70:4</p> <p>affect 14:7, 23:10</p> <p>affected 24:17</p> <p>affects 23:4, 73:4</p> <p>affordable 29:16</p> <p>african 11:13, 45:24, 61:13, 72:7</p> <p>after 4:23, 6:19, 29:8, 29:9, 38:5, 62:17</p> <p>afternoon 66:15, 68:5</p> <p>again 13:21, 19:11,</p>	<p>19:14, 35:23, 56:14, 56:22, 63:13</p> <p>against 61:21</p> <p>age 15:5</p> <p>aged 8:12</p> <p>aggravated 17:13</p> <p>aging 25:8</p> <p>ago 8:5, 15:4, 35:11, 50:9, 60:1</p> <p>agonize 29:2</p> <p>agree 29:8</p> <p>alexia 61:1</p> <p>alive 15:13, 68:2</p> <p>all 4:24, 6:13, 7:22, 11:20, 13:16, 15:20, 16:2, 16:15, 22:6, 27:14, 27:16, 28:16, 29:15, 31:22, 32:20, 33:4, 34:14, 36:17, 37:9, 43:1, 44:2, 44:11, 47:20, 50:10, 53:2, 54:22, 59:2, 59:7, 61:17, 63:11, 64:2, 74:14</p> <p>alliance 48:9</p> <p>allow 4:23, 6:9, 10:5, 10:8, 59:19, 66:3,</p>
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Transcript of Public Hearing
 Conducted on October 28, 2020

<p>69:3, 72:15, 73:19 allowed 64:3, 68:23, 72:18 allowing 68:6, 73:2 almost 11:8 alone 65:21 along 14:12, 17:3, 19:8, 43:14, 45:24 already 11:12, 21:12, 22:11, 22:13, 22:22, 24:19, 26:24, 28:24, 34:16, 35:24, 61:18, 66:1, 71:5, 71:9 also 5:2, 12:16, 12:19, 13:3, 14:20, 18:8, 18:24, 30:9, 32:17, 34:22, 41:17, 46:11, 51:18, 51:22, 52:19, 61:17, 62:7, 62:16, 63:18, 70:24, 73:10, 74:15 alternatives 45:11, 51:2, 51:4 always 12:19, 16:4, 69:7, 69:8 ambulance 55:23, 65:2, 67:4 ambulances 56:14, 71:2 amending 30:10</p>	<p>america 50:11 american 45:24, 51:23, 61:13, 72:7 americans 11:14, 48:14, 50:14 amplify 26:22 ann 2:7, 3:5 announced 21:2 another 13:10, 15:20, 22:4, 28:18, 36:2, 39:15, 47:24, 48:3, 56:10, 69:3, 70:14 answered 38:19, 39:11 answers 41:14 anticipated 5:8 anudeep 57:5 anxious 28:10, 37:9 any 4:21, 6:16, 8:18, 13:5, 14:1, 28:8, 47:18, 57:23, 64:20, 75:5, 76:13 anyone 59:19, 74:2, 74:7 anything 27:6 anywhere 69:13 apartments 39:3, 42:10 applicant 7:4, 7:8</p>	<p>applicants 3:10 application 1:7, 4:1, 12:6, 23:23, 25:23, 37:18, 41:22 appointment 71:12 appreciate 7:1, 20:8, 73:24 approach 7:10, 10:16 appropriate 6:14 appropriately 41:3 approve 18:1, 25:23 approved 12:1, 37:14 approving 53:16 approximately 30:16, 59:3, 59:13 april 41:4 area 17:20, 20:22, 23:17, 30:11, 32:22, 33:24, 34:20, 34:21, 35:4, 35:7, 36:4, 36:18, 37:1, 37:6, 52:4, 53:22, 54:6, 55:18, 56:2, 56:12, 56:13, 56:17, 61:10, 61:11, 61:17, 62:1 areas 23:18 arguing 60:19, 60:20 arm 16:7, 43:24</p>	<p>armenta 60:24, 61:1 armor 20:17, 21:4 around 13:2, 13:22, 16:12, 19:19, 55:12, 55:14, 55:18 arrest 55:22, 57:22, 58:17 arrests 58:22, 59:24 artery 58:16 ashland 50:4 asian 44:2, 61:14 asked 73:17 asking 19:22, 44:3 assembly 20:14 assessment 27:17, 28:3 assist 31:24 assistance 29:12, 29:18, 32:6 asthma 20:1 attack 35:12, 58:16, 65:6 attacks 20:6, 57:21, 58:22, 63:17 attempted 28:17 attempts 71:15 attendance 5:8 attendees 4:22, 6:14,</p>
---	---	--	---

Transcript of Public Hearing
 Conducted on October 28, 2020

6:15 audience 37:8 authorization 6:8, 6:9 availability 23:6 available 74:14, 74:24 avenue 3:14, 4:3 average 21:21, 22:16 avery 2:6, 3:4, 5:9, 66:10, 66:15, 68:4, 68:8, 73:21 aware 72:11 awareness 9:11 away 20:6, 21:21, 30:6, 30:15, 35:9, 53:8, 54:8, 56:17, 67:7	58:18, 66:11, 66:16, 69:9, 70:21 back-pass 34:10 backs 66:4 bad 19:8, 43:24, 44:11, 65:16 bader 31:3 barack 26:14 barely 30:7 barriers 21:13, 21:15 based 22:16, 23:6 basic 50:12, 50:20 beat 46:9 beautiful 34:24 because 12:16, 12:18, 16:13, 16:14, 23:3, 24:14, 30:21, 35:5, 35:20, 43:24, 47:16, 48:20, 50:14, 50:17, 50:22, 52:1, 53:10, 54:13, 54:19, 54:23, 56:6, 59:17, 70:5, 70:18, 70:19, 72:8, 73:1 become 41:10, 70:1, 70:8, 72:15 becoming 34:17 bed 3:13	beds 17:18, 17:19 been 12:17, 13:15, 16:1, 18:7, 19:2, 19:3, 19:4, 19:16, 23:14, 25:18, 26:17, 28:8, 36:13, 38:16, 39:14, 40:14, 43:24, 54:5, 54:7, 55:12, 62:11, 66:23, 67:1, 67:2, 67:6, 67:16, 69:7, 69:22, 73:12, 73:17 before 1:3, 8:18, 15:4, 18:13, 44:22, 54:6, 76:5 began 8:5 begging 20:3 begin 33:1, 71:24 begins 58:2 behalf 38:1, 43:13, 44:24 behavior 33:22 behavioral 64:1 being 14:17, 19:10, 29:24, 39:18, 42:8, 55:3, 62:18, 62:19, 67:8, 73:24 believe 23:15, 30:9 ben 62:6	benefit 39:18 benefits 39:20 bennett 44:17, 44:18 berg 52:6 bernard 54:21 berwyn 62:17 best 10:5, 33:3, 39:15, 40:18, 44:10 better 17:22, 31:7, 33:4, 51:23 between 11:15, 45:17, 64:23 bigger 72:13 billion 9:6, 27:23 billions 65:4 biological 54:8 black 14:8, 14:20, 23:4, 27:7, 30:3, 34:21, 42:17, 42:20, 42:22, 44:2, 47:9, 48:12, 48:17, 50:10, 51:13, 61:12, 71:18, 71:19, 72:21 blocks 20:15, 55:11, 61:11 blood 13:2, 13:3, 63:10, 63:16, 65:8
B			
b-e-n 62:8 b-e-n-n-e-t-t 44:20 b-r-e-n-d-a 18:23 b-r-e-n-d-a-n 37:24 b-r-o-w-n 48:7 babies 71:19, 71:20, 71:21 baby 50:15, 72:4 back 13:7, 19:8, 50:11, 57:22,			

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>bluntly 47:4</p> <p>board 1:2, 2:3, 3:6, 3:16, 3:23, 5:10, 12:5, 14:13, 18:16, 23:22, 25:21, 42:19, 48:7, 51:22, 55:7, 55:8, 56:5, 56:6, 56:23, 64:7, 74:14, 74:17, 74:22, 74:23, 75:4, 75:7</p> <p>board's 5:23</p> <p>bodies 49:12</p> <p>body 49:6, 57:23</p> <p>bold 18:17, 60:13</p> <p>bolingbrook 74:19, 74:20</p> <p>born 53:2, 53:3</p> <p>bother 15:8</p> <p>boy 52:5</p> <p>brain 57:24, 65:5</p> <p>break 22:18, 66:11, 66:12</p> <p>brenda 18:22</p> <p>brendan 37:23</p> <p>bridgeport 20:18, 21:5, 34:23, 55:15, 55:18, 56:2, 56:12</p> <p>brief 6:23</p>	<p>bring 11:22, 13:7, 16:5, 46:8, 49:22, 57:10</p> <p>bringing 58:17</p> <p>brink 13:7</p> <p>broader 43:14</p> <p>bronzeville 52:12</p> <p>brothers 66:5</p> <p>brought 11:7, 19:12</p> <p>brown 14:9, 23:4, 27:7, 30:3, 34:21, 48:5, 48:6, 72:22</p> <p>bs 27:18</p> <p>build 8:10, 8:17, 35:24</p> <p>building 20:1, 20:2</p> <p>buildings 42:9</p> <p>burns 12:15, 42:4, 43:13</p> <p>buses 15:10</p> <p>busting 49:8</p> <p>buy 12:23, 39:15, 46:5, 53:15</p> <p>bypass 54:19, 71:1</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>c-a-r-o-l 7:13</p> <p>c-h-r-i-s-t-i-n-a 64:14</p>	<p>c-r-o-w-l-e-y 37:24</p> <p>calculations 23:7</p> <p>call 16:4, 27:18, 38:19, 39:11, 73:15</p> <p>called 6:17, 73:19</p> <p>came 6:20, 16:9, 19:9, 47:12</p> <p>can't 14:21, 45:20, 46:10, 47:24, 48:1, 48:3, 49:13, 73:9</p> <p>cancer 69:20, 69:23</p> <p>cannot 16:3, 42:24, 45:20, 47:18, 48:11, 56:15, 66:3, 69:2, 71:16</p> <p>capital 25:10</p> <p>car 30:14</p> <p>cardiac 14:1, 55:21, 57:21, 58:17, 58:22, 59:24, 65:7</p> <p>cardiologist 15:15</p> <p>care 1:11, 3:13, 4:2, 6:5, 8:1, 8:2, 8:20, 8:21, 8:22, 10:7, 11:1, 11:4, 11:5, 11:7, 11:23, 12:22, 16:17, 18:10, 18:11, 18:12, 18:13, 19:12,</p>	<p>19:18, 20:20, 21:1, 21:13, 22:6, 22:12, 23:6, 23:7, 23:12, 24:16, 25:1, 25:12, 25:13, 25:15, 25:17, 26:23, 27:1, 27:8, 29:16, 30:21, 31:4, 32:1, 32:18, 32:21, 33:2, 35:1, 36:19, 37:2, 37:10, 37:19, 38:7, 38:8, 38:14, 38:22, 39:1, 39:7, 39:17, 40:7, 40:16, 40:24, 41:13, 41:15, 41:17, 41:19, 41:20, 46:23, 47:15, 51:4, 57:13, 57:16, 60:20, 60:21, 61:7, 61:23, 62:23, 63:9, 64:21, 65:13, 65:15, 65:20, 65:22, 65:24, 66:6, 66:24, 68:18, 68:19, 68:20, 69:12, 69:18, 70:8, 70:12, 70:17, 71:3, 71:6, 72:15, 72:17, 72:20</p> <p>career 32:11</p> <p>caregivers 17:4</p> <p>carfare 14:4</p> <p>carol 7:13</p> <p>case 18:3, 76:13</p>
---	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>catch-all 61:10 cath 64:1 catholic 8:7, 10:6 cell 19:6 center 1:10, 3:9, 3:11, 4:2, 7:17, 10:9, 10:21, 12:7, 12:15, 16:24, 18:10, 24:5, 26:8, 31:14, 32:10, 33:24, 36:12, 38:2, 40:5, 42:5, 43:14, 51:20, 52:15, 60:8, 60:17, 63:20, 63:22, 64:1, 65:3, 65:20, 65:24, 66:17, 73:15 centers 8:12 ceo 7:16 cermak 52:7 certificate 76:1 certified 76:4 certify 76:7 challenged 21:12, 22:1 challenges 7:22, 11:18, 36:22 challenging 24:15 chance 53:17 change 11:20, 11:21,</p>	<p>11:22, 11:23, 26:15, 26:17, 29:15, 32:16, 37:16 changed 35:7, 40:20 changes 7:24, 24:8, 40:14, 40:17, 40:19 changing 30:22 charged 16:6 chicago 1:18, 3:11, 3:14, 4:3, 4:15, 17:8, 24:21, 26:21, 27:11, 28:5, 30:12, 34:5, 34:15, 34:19, 35:19, 43:9, 46:20, 50:17, 54:14, 55:10, 59:8, 59:13, 61:8, 61:17, 61:22, 67:17, 68:19, 69:5 chicago's 18:18, 25:22, 38:7, 41:24, 51:21, 61:12, 61:14, 61:15 chicagoland 62:1 chief 7:4, 10:20, 16:23, 24:4, 31:12 child 54:10 children 19:24, 50:5, 50:7, 51:6, 51:8, 54:17, 55:1, 66:5 chinatown 20:17, 21:4,</p>	<p>21:12, 34:23, 45:23, 51:21, 52:3, 52:6, 52:13, 53:19, 55:9, 55:15, 55:18, 56:2, 56:12 chinese 21:11, 21:23, 51:23, 52:22, 71:21 choice 65:12 cholesterol 63:11, 63:16 choose 6:21, 54:21 christina 64:13 chronic 11:13, 17:12, 19:20, 62:23 church-based 51:20 circumstances 58:7 citizens 21:24, 71:16 city 30:23, 38:9, 48:20, 49:4, 59:8, 61:10, 67:18 city's 38:17 civic 36:24 civil 50:15 class 22:17, 39:2 claw 48:16 clean 34:24, 38:10, 39:5 cleanest 36:4</p>	<p>clear 23:11, 24:11, 28:12 clearinghouses 6:5 clearly 37:12 clinic 12:3, 25:19, 28:20, 33:17, 35:3, 35:23, 35:24, 36:2, 41:16, 52:10, 55:9, 69:1 clinical 17:4 clinicians 31:23 clinics 14:4, 36:1, 72:12, 73:18 close 14:9, 15:11, 16:6, 20:4, 21:3, 23:16, 23:23, 28:13, 28:19, 29:16, 35:2, 42:21, 43:16, 44:11, 46:11, 47:8, 51:6, 51:7, 52:9, 52:10, 52:18, 53:10, 54:23, 56:9, 56:24, 64:3, 67:14, 67:15, 68:23, 69:3, 71:8, 71:16, 72:18, 73:3 closed 8:18, 28:20, 28:22, 48:2, 52:7, 52:8, 54:16, 54:17, 56:1, 69:2 closely 36:17 closes 34:2, 34:11</p>
--	--	---	---

Transcript of Public Hearing
Conducted on October 28, 2020

<p>closest 20:19, 52:14, 52:17, 58:20</p> <p>closing 10:3, 18:2, 23:1, 27:10, 29:17, 30:3, 31:2, 33:15, 34:4, 35:17, 39:22, 42:16, 43:11, 48:22, 52:1, 53:16, 60:6, 61:19, 62:10, 64:9, 65:11</p> <p>closure 21:2, 21:15, 22:21, 23:3, 26:7, 27:14, 31:6, 31:24, 32:6, 45:3, 61:5, 62:1, 64:17, 70:6</p> <p>closures 14:19</p> <p>club 74:19</p> <p>cnas 38:8</p> <p>coach 50:8</p> <p>coalition 8:9, 9:24, 10:1, 51:23</p> <p>code 3:22, 30:10</p> <p>codes 9:2, 9:16</p> <p>colleagues 31:16, 32:4, 32:5, 32:7, 32:17</p> <p>colonoscopy 15:15</p> <p>come 14:13, 26:15, 39:20, 44:21, 45:22, 47:22,</p>	<p>49:2, 51:11, 53:4, 63:14</p> <p>comes 11:21, 45:15, 48:12, 52:24</p> <p>coming 34:6, 34:8, 34:18, 59:20</p> <p>comment 3:19</p> <p>comments 1:6, 4:9, 73:6, 73:7, 74:11, 74:13, 74:21, 75:4, 75:6, 75:9</p> <p>commission 42:23, 53:15, 76:17</p> <p>commitment 18:9, 31:17, 60:12</p> <p>commitments 9:4</p> <p>committed 12:2</p> <p>committee 26:4, 27:15, 45:7</p> <p>communities 14:20, 21:4, 21:22, 22:14, 22:21, 23:5, 27:7, 30:4, 33:2, 39:19, 43:3, 47:8, 48:12, 50:13, 60:11, 68:22, 72:22</p> <p>community 8:6, 8:20, 9:9, 9:10, 9:12, 9:14, 9:15, 10:22, 12:4, 14:3, 18:6, 18:9, 21:6, 22:3, 22:16, 25:1, 25:15, 26:7, 26:24,</p>	<p>27:10, 27:17, 27:18, 28:1, 29:14, 30:2, 32:2, 35:4, 35:22, 36:3, 36:11, 36:15, 36:24, 37:3, 37:8, 38:7, 38:13, 38:15, 38:16, 42:17, 42:20, 42:22, 43:7, 43:15, 43:17, 44:19, 45:4, 45:20, 45:23, 45:24, 46:5, 46:10, 47:9, 47:18, 47:24, 48:8, 48:18, 51:9, 51:18, 51:20, 51:24, 52:18, 52:24, 53:9, 53:11, 55:13, 55:14, 55:23, 55:24, 56:7, 56:18, 58:6, 58:7, 61:21, 63:24, 65:18, 65:23, 66:2, 66:4, 72:5, 72:7, 73:4</p> <p>community's 18:11, 23:8</p> <p>commute 59:9</p> <p>company 23:16, 49:19</p> <p>compared 17:10</p> <p>compassionate 32:19, 60:10, 70:17</p> <p>competency 52:20</p> <p>competitive 32:20</p> <p>complete 7:3</p>	<p>compliance 2:7, 5:6, 6:12</p> <p>comprehensive 32:3</p> <p>con 10:12</p> <p>conditions 58:5, 59:17, 62:24</p> <p>condominiums 39:4</p> <p>conduct 3:7</p> <p>confidence 72:3</p> <p>confidentiality 6:1</p> <p>confronted 50:4, 50:14</p> <p>conglomerate 42:24</p> <p>connection 44:22</p> <p>consequences 73:2</p> <p>consider 45:7, 64:8</p> <p>consideration 23:24, 74:16</p> <p>considered 23:9</p> <p>consistent 31:17</p> <p>consistently 27:12</p> <p>consortium 62:13</p> <p>constant 30:24</p> <p>constantino 2:5, 3:4</p> <p>constituents 20:17, 20:22, 21:4, 23:13, 46:22</p> <p>construction 30:24, 59:11</p> <p>contact 5:9</p>
---	---	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>continue 10:5, 10:8, 12:6, 17:11, 41:9, 49:23 contract 39:21 contribute 22:10, 22:12 contributing 48:24 control 69:19 coo 24:7 cook 38:8, 46:15, 52:10, 58:23, 59:2, 59:12 coordinated 8:21, 36:19 coordination 18:12 copies 7:1 core 60:11 corporate 27:19, 72:24 corporation 3:12 correct 76:8 cost 3:15, 72:19 costs 40:23 coughs 59:22 could 8:14, 13:4, 15:8, 16:5, 25:5, 28:23, 41:8, 46:4, 52:23, 64:22, 69:10, 69:13 couldn't 30:21, 35:15 council 12:14, 18:24</p>	<p>counsel 76:12 counties 30:12 country 11:5, 17:9, 24:17 county 30:17, 46:14, 46:15, 52:10, 58:23, 59:2, 59:12 couple 57:17, 73:6 courageous 50:2, 50:24, 51:12 courses 24:10 court 7:2, 10:17, 31:2, 68:10 courtney 1:24, 2:6, 3:4, 5:9, 76:3, 76:20 covered 6:2, 6:9 covid 4:19, 6:12, 9:15, 11:11, 11:20, 14:8, 14:16, 24:18, 27:6, 28:24, 39:6, 42:19, 62:19, 66:24, 67:21 create 8:10, 32:16, 61:7 created 24:15 creating 26:23 crime 47:10 crisis 27:8, 71:14, 72:6</p>	<p>critical 53:9, 65:1, 65:24 crowley 37:23, 37:24 crucial 45:10 cruel 27:4, 39:11, 39:12 csr 1:24, 76:20 cultural 52:19 current 11:3, 17:5, 23:23, 40:12 currently 29:19, 64:15 cut 22:15</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>d 30:10 d-a-s-a-r-a-j-u 57:6 d-a-v-e-n-p-o-r-t 10:20 d-a-v-i-s 12:12 d-o-l-o-r-e-s 15:1 damage 65:8 damn 29:7, 30:2 dasaraju 57:4, 57:5 date 31:24 daughter 19:5, 19:18, 54:11, 55:3 davenport 10:18, 10:19 david 26:5, 51:17</p>	<p>davis 12:11, 12:12 day 11:8, 16:15, 17:5, 29:7, 32:23, 59:6, 71:2, 76:16 days 7:19, 49:7 dead 60:2, 60:3 deal 51:10 dealt 69:20 dearborn 12:13, 13:13, 15:2, 18:24, 42:11, 46:1 dearborns 19:2 death 13:7, 22:5, 30:22, 58:18, 62:24, 64:23 decade 38:5 decades 39:10, 40:21, 52:21 december 74:17, 74:24, 75:5 decent 33:22, 33:23 decision 10:4, 43:1, 72:8, 72:18 decision-making 64:8 decisions 23:9, 50:5, 51:10 dedicated 31:20, 39:19 deep 22:23, 37:15, 55:21</p>
--	---	--	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>deepen 23:2</p> <p>deeply 22:20</p> <p>defined 6:2</p> <p>defines 30:11</p> <p>delivering 32:1</p> <p>delivery 11:4, 25:13, 72:3</p> <p>demand 11:20</p> <p>denied 49:4, 72:16</p> <p>denise 33:7</p> <p>deny 23:22</p> <p>department 1:1, 59:23, 60:3, 63:9, 71:7</p> <p>depending 59:5</p> <p>deposition 76:6</p> <p>depression 28:11, 69:17, 69:22</p> <p>deprived 65:7</p> <p>desert 26:24, 61:8, 72:20</p> <p>deserve 11:21, 37:20</p> <p>deserves 23:8, 29:16</p> <p>desire 17:22, 37:15</p> <p>desperately 29:13</p> <p>detail 28:2</p> <p>details 9:16, 28:13</p>	<p>determinants 17:14, 22:11</p> <p>detrimental 22:20, 56:1</p> <p>devastated 53:12</p> <p>devastating 52:2, 61:7</p> <p>developed 32:2, 53:10</p> <p>development 36:14</p> <p>developments 42:11</p> <p>diabetes 63:10, 63:15</p> <p>diabetic 13:2, 19:7</p> <p>diagnose 41:2</p> <p>diagnosis 41:19</p> <p>diagnostic 41:18</p> <p>diagnostics 18:12</p> <p>diane 31:12</p> <p>die 58:2, 72:8</p> <p>died 13:9, 30:17, 35:16</p> <p>difference 29:5, 29:7, 64:22</p> <p>different 24:10, 34:22, 69:23</p> <p>difficult 22:12, 24:19, 40:10, 72:15</p> <p>dignity 31:18</p> <p>diligently 24:8</p> <p>direct 38:8, 39:6</p>	<p>direction 76:10</p> <p>directly 68:10</p> <p>director 36:11, 40:4, 40:6, 42:4, 48:9, 51:19</p> <p>disabled 13:13, 20:2</p> <p>disagree 57:13, 62:1</p> <p>disappointed 11:24</p> <p>disaster 34:20</p> <p>disbanded 10:2</p> <p>discloses 6:6</p> <p>discontinuation 1:8, 4:1</p> <p>discontinue 3:12, 10:24, 17:1, 25:24</p> <p>discovered 13:1</p> <p>discuss 73:14</p> <p>discussion 46:8</p> <p>disease 17:12, 19:6, 69:16</p> <p>diseases 11:13, 63:1, 63:12, 63:18, 63:21</p> <p>disgraceful 28:12</p> <p>disheartening 33:14</p> <p>disinvesting 50:22</p> <p>dismissed 72:24</p> <p>disparities 17:13, 17:16,</p>	<p>18:15, 22:13, 22:15, 23:3, 26:20</p> <p>disparity 49:24</p> <p>disproportionate-ly 23:4, 73:4</p> <p>distance 4:22, 22:8</p> <p>distancing 6:14</p> <p>district 20:13, 20:14, 20:16, 21:11, 23:15, 59:3</p> <p>diversey 50:4</p> <p>divide 11:15</p> <p>doc 50:8</p> <p>doctor 15:14, 16:15, 63:3, 63:5, 70:7</p> <p>doctors 12:24, 16:16, 19:9, 19:11, 35:12, 38:24, 44:10, 48:1, 52:22, 61:24</p> <p>doing 14:18, 20:8, 49:21</p> <p>dolores 15:1</p> <p>done 19:17, 29:23, 50:10</p> <p>doors 21:3, 32:21</p> <p>down 13:21, 15:19, 22:15, 22:18, 26:22, 27:3, 33:9, 50:12, 51:2, 54:16, 54:17, 58:11,</p>
--	--	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>58:12, 65:23 downsized 29:21 dr 1:17, 4:14, 10:18, 10:19, 55:5, 55:6, 57:4, 57:5, 60:24, 61:1, 62:5 dramatic 40:14 dressed 38:20 drive 1:17, 4:15, 74:19 driven 53:5 due 9:14, 13:23, 28:11, 29:9, 38:12, 75:5 during 9:15, 9:18, 14:10, 21:8, 23:17, 24:7, 27:3, 27:8, 27:24, 35:18, 37:17, 38:18, 39:10, 45:5, 47:9, 69:6, 73:3 dyett 49:6, 49:8 dying 14:8 dynamic 24:14</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>e-t-t-a 12:12 each 17:21, 37:6, 65:6 earlier 42:5, 59:4 early 9:10, 41:18</p>	<p>easily 29:23 easily-treated 63:11 east 20:18 eastern 21:10 easy 11:21, 18:2, 28:8 echo 47:1 economic 21:8 economy 28:23 education 48:21, 49:8 effect 52:3 effectively 57:12, 57:18 effort 37:4 egregious 61:6 elderly 23:5 elders 50:7 elected 9:13, 9:20 elementary 49:9, 50:16 else 14:13, 39:16, 59:20, 64:7 elsewhere 70:5, 70:18 emergency 34:12, 34:13, 41:20, 46:12, 46:19, 46:22, 53:5, 53:6, 55:22, 57:11, 57:18, 57:19, 59:23, 60:2,</p>	<p>61:2, 62:6, 63:8, 67:3, 70:12 employed 9:7, 21:7, 69:8, 76:12 employee 32:6, 39:7, 40:7 employees 29:2, 39:13, 46:18, 73:11 employment 45:1 empty 17:20 encompasses 61:10 encourage 19:15 end 10:2, 27:9, 27:21, 32:23 ending 58:16 ends 24:22, 40:12, 63:7, 63:14 enforced 5:1 engaged 37:17 englewood 53:22, 54:6, 54:18 english 21:24, 22:8 enlarged 19:7 enormous 7:21 enough 48:11, 50:2, 50:24, 65:20 ensure 5:22, 24:8, 31:19, 32:3, 56:19</p>	<p>entertaining 42:15, 43:11 entire 24:16 entities 6:2, 53:17 entity 6:9 environment 24:15, 25:12 equates 64:24, 65:4 equipment 41:18 equipped 58:21, 59:1 equity 36:16, 49:8, 49:23 er 34:4, 34:10, 34:11, 35:14, 63:14, 63:24, 70:12, 70:16 ers 50:9, 70:24 especially 14:10, 21:11, 22:22, 30:23, 35:18, 43:9, 60:16, 61:19 essence 60:1 essential 38:13, 59:16, 67:11, 73:9 establish 25:20 estate 29:1 ethnicities 44:3 etta 12:12 even 14:4, 16:4, 19:19, 27:2, 28:6, 39:16,</p>
---	--	---	--

Transcript of Public Hearing
Conducted on October 28, 2020

<p>42:15, 54:18, 65:2, 69:12, 73:18 evening 30:18 ever 51:1 every 17:4, 29:7, 32:4, 50:20, 59:8, 64:23 everybody 57:4 everyone 12:11, 29:16, 31:18, 62:5, 71:17, 74:11 everything 20:8, 72:1, 72:5 everywhere 59:11 exacerbated 11:11 exact 28:20 exactly 61:4 exceedingly 40:10 excellent 70:17 except 72:3, 72:5 executive 40:3, 40:6, 42:4, 51:19 executives 51:3 exist 17:5, 22:14, 22:23, 42:20 existing 8:18 exists 24:14, 25:14 exit 4:23, 6:18</p>	<p>expand 8:19, 29:22 expanding 23:19 expectancies 9:1 expectancy 11:15, 11:16, 17:8 expects 70:3 expenses 7:23, 11:19, 41:9 experience 14:1 experienced 68:20, 69:17 expert 53:14 expires 76:17 explode 48:23 exposed 22:23 express 37:15 extra 65:3 extraordinarily 32:20 eyes 15:15, 71:16</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>face 7:22, 8:24, 35:4, 57:15 faced 36:21 faces 70:13 facilities 1:2, 1:14, 2:2, 3:6, 3:16, 3:21, 3:23, 4:6, 5:10, 5:23, 6:4, 8:13,</p>	<p>23:22, 25:1, 28:17, 30:11, 38:11, 39:1, 56:5, 56:23, 58:24, 74:16, 75:3, 75:7 facility 25:9, 28:13, 28:19, 29:20 fact 17:18, 27:2, 27:7, 47:7 factor 48:24 factors 22:7, 22:10, 24:14 failed 18:1, 28:18 failure 63:17 fair 31:19 familiar 46:14 families 21:11, 22:2, 38:3, 38:21 family 19:4, 32:7, 33:20, 72:2 far 11:16, 46:9 farther 21:17 fatalities 42:18 father 30:13, 30:17 fatherless 30:18 fathers 66:5 fax 75:9, 75:10 feature 41:17 february 68:1</p>	<p>federal 5:7, 67:20 feel 16:3, 16:14 feeling 28:10 feet 15:16 fell 48:23 felt 30:19 few 8:5, 9:19, 20:14, 50:9, 52:13, 55:11, 62:18, 64:20, 64:22 fight 31:3, 48:16, 50:18, 50:22, 56:19, 64:18, 64:19 fighting 27:9 figure 53:18 filled 30:24 filling 45:9 fills 46:23 finally 69:9 finance 53:13 financial 24:9, 27:21, 32:24, 40:15, 41:10, 56:8, 76:14 financially 7:21, 11:9, 24:12, 25:14, 56:10 financing 67:21</p>
---	---	--	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>find 67:13, 67:19, 70:9 findings 74:22, 75:2 finished 31:8 fire 15:4 first 7:5, 7:9, 7:19, 8:19, 19:9, 26:4, 27:11, 41:21, 43:4, 45:6, 48:13, 54:9, 54:10, 63:24, 71:24 firsthand 11:2 five 21:21, 22:3, 22:4, 25:10, 45:17, 56:17, 58:2, 58:3, 58:19 flaws 17:5 floor 2:9, 75:8 flow 65:8 flu 27:4, 38:19 focus 36:16 folks 46:1, 47:2, 50:18 follows 4:11 food 17:14, 33:12 foolish 27:4 foot 53:4, 55:9 foregoing 76:6, 76:7</p>	<p>form 29:11 formed 8:8 former 49:4 forth 72:19 forward 10:1, 62:12 found 67:20, 69:13 four 56:16 fourth-year 64:15 fragmented 70:8, 72:16 frame 58:19 friday 4:17, 5:19 friends 53:1, 53:6 frightened 69:7 front 50:3, 64:21 full 29:21 full-blown 19:6 full-service 20:19, 21:6, 21:20, 65:21 fully 10:13, 72:11 functioning 68:2 fund 9:20, 42:24 fundamentally 23:9 funded 9:4, 49:11, 49:14 funder 49:20</p>	<p>funding 9:22, 25:5, 41:7, 67:23 further 26:23 future 8:4, 28:15, 41:23 fy 27:21</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>g-a-r-i-k-e-s 7:14 g-o-v-a-s 64:14 gag 73:10 gap 17:9 gaping 22:13 gaps 68:20 gardens 42:12 garikes 7:13, 7:14 gathered 37:5 gave 39:6 general 1:10, 4:2, 20:14, 62:15 gentleman 54:14 gentrification 35:7 gentrified 46:5 george 1:3, 2:4, 3:3 getting 18:12, 31:8, 49:18, 69:12 ginsburg 31:3</p>	<p>give 7:2, 10:17, 26:9, 30:2, 53:16, 54:1 given 3:24, 4:21, 6:16, 13:5, 15:23, 57:21, 58:6, 76:8 giving 6:22, 6:23, 57:7 global 42:17, 61:20 gluttonous 29:24 go 5:20, 13:21, 15:9, 16:13, 16:16, 20:5, 30:7, 34:14, 34:20, 35:2, 35:5, 35:8, 35:9, 52:14, 54:17, 63:7, 64:7, 66:10, 69:9, 69:13, 70:13, 72:19 goal 24:11 goals 8:19 god 15:23, 16:17 goes 34:10 going 15:14, 16:8, 33:17, 34:4, 35:24, 42:6, 43:8, 45:2, 46:17, 47:3, 47:15, 54:5, 54:7, 54:13, 63:22, 66:10, 66:12, 70:21 golf 74:19</p>
---	--	--	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>gone 35:14</p> <p>good 3:2, 7:12, 10:18, 12:11, 14:17, 14:24, 15:7, 15:12, 16:2, 16:17, 16:22, 19:18, 20:11, 24:3, 26:3, 31:11, 36:9, 40:2, 43:2, 43:21, 44:17, 48:5, 53:21, 55:5, 57:4, 60:24, 66:15, 68:4, 69:8, 71:24</p> <p>goodbye 38:20</p> <p>goodness 70:15</p> <p>google 59:4, 59:7, 71:17</p> <p>gospel 60:9</p> <p>gotten 38:12</p> <p>gottlieb 32:10</p> <p>gov 5:20</p> <p>govas 64:13</p> <p>government 53:17, 67:12, 67:19, 67:20, 67:21, 67:24</p> <p>governor 14:11, 14:15</p> <p>governor's 45:13</p> <p>grace 69:21</p> <p>grant 1:16, 4:13, 40:3, 69:11</p>	<p>granted 48:15, 50:21</p> <p>gratitudes 71:17</p> <p>graves 19:5</p> <p>great 47:21, 50:16</p> <p>greater 37:10, 43:2, 64:20</p> <p>greed 72:24</p> <p>grew 33:19</p> <p>grocery 48:15, 50:19</p> <p>group 9:6, 20:24, 40:4, 40:7, 45:15</p> <p>groups 45:8, 45:16</p> <p>grow 30:19, 41:9</p> <p>guidelines 4:20, 4:24</p> <p>guild 2:7, 3:5, 74:2, 74:6, 74:10</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>half 7:18, 17:19, 59:24</p> <p>halls 9:14, 37:6</p> <p>happen 66:4</p> <p>happening 31:6, 63:7, 63:15</p> <p>happy 15:5</p> <p>hard 11:2, 28:24, 69:18</p> <p>hargreaves 31:11, 31:12</p>	<p>harm 43:5, 49:21</p> <p>harmed 43:4, 51:5</p> <p>head 15:14</p> <p>healing 60:10</p> <p>hear 14:18, 14:20, 14:21, 33:14, 33:17, 71:17</p> <p>heard 9:16, 37:16</p> <p>hearing 1:3, 1:13, 2:4, 2:5, 2:6, 3:2, 3:7, 3:18, 3:24, 4:5, 4:7, 4:10, 4:20, 4:23, 5:3, 5:5, 5:12, 5:13, 5:14, 6:11, 10:15, 12:9, 14:23, 16:21, 18:20, 20:10, 24:1, 26:1, 26:9, 26:13, 31:10, 36:7, 37:21, 39:24, 42:1, 43:19, 44:5, 44:15, 48:4, 51:16, 53:20, 53:24, 54:3, 55:2, 57:2, 60:22, 62:3, 64:12, 66:8, 66:10, 66:15, 66:17, 68:4, 68:8, 68:13, 73:21, 74:2, 74:6, 74:10, 75:11</p> <p>hearings 5:17, 5:24</p> <p>heart 17:23, 19:7, 20:6, 21:21, 33:10, 35:11,</p>	<p>57:21, 57:24, 58:16, 58:22, 63:17, 65:6, 67:4</p> <p>heartless 22:20</p> <p>hedge 42:24, 49:20</p> <p>height 22:19, 61:20</p> <p>held 4:5, 4:10, 5:17, 9:14, 74:18</p> <p>hello 33:7, 37:23, 44:7, 62:5</p> <p>help 8:6, 16:10, 25:17, 53:15, 63:22</p> <p>helped 13:3, 19:17</p> <p>helping 16:12, 19:13</p> <p>here 3:6, 10:23, 12:16, 12:18, 13:20, 16:9, 16:10, 16:11, 16:24, 26:6, 27:10, 28:21, 35:2, 38:1, 39:9, 43:24, 47:13, 47:18, 51:6, 52:1, 53:5, 53:7, 55:10, 62:9, 64:16, 64:18, 64:19, 68:7, 68:11, 70:15, 73:8, 73:9, 73:12</p> <p>hereby 76:6</p> <p>hereunto 76:15</p> <p>hero 69:24</p>
---	---	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>heroes 38:6 hfsrb 5:20 hfsrb's 74:24 hi 68:5 high 17:17, 49:6, 63:10, 63:16 high-paid 47:14 higher 17:12, 66:2 highest 42:18 highlight 57:16, 61:4 historic 8:23 historically 68:21 history 18:6, 18:8 hit 28:24, 48:3 hiv 68:18, 69:16, 69:19, 69:20, 69:23 hold 28:15 holistic 36:14 home 16:14, 29:16, 39:3 homes 12:13, 13:14, 15:2, 18:24, 42:11 honeycutt 16:22, 16:23 hope 16:11, 23:21, 25:19, 31:5, 31:22, 38:3,</p>	<p>39:22, 42:4, 43:13, 73:5 hoping 68:1 hospice 33:24, 54:9 hospital's 25:8, 29:19, 30:11, 36:14, 38:17, 60:7 hospitalization 18:14 hospitals 7:22, 8:9, 8:18, 11:3, 11:9, 12:23, 14:19, 17:21, 21:20, 23:18, 24:17, 24:21, 30:3, 32:9, 36:4, 36:18, 40:11, 40:22, 43:4, 47:8, 48:16, 49:11, 49:17, 52:5, 52:16, 58:20, 62:14, 67:10, 67:15, 72:12 hour 59:24 hours 9:19 house 20:13 housekeepers 33:12, 39:1 housekeeping 38:11 housing 17:15, 42:11, 46:1 however 6:22, 29:8 hr 31:15 human 12:22, 23:7, 31:12</p>	<p>hundreds 17:3 hurt 51:6 husband's 44:13 hyatt 1:15, 4:13</p> <hr/> <p style="text-align: center;">I</p> <hr/> <p>icu 62:19, 63:14, 64:1 identification 32:8 idle 66:3 ignore 49:15 ignoring 28:5 il 2:10 ilcs 4:7 illinois 1:1, 1:14, 1:18, 2:2, 3:5, 3:15, 3:21, 3:22, 4:4, 4:6, 4:15, 5:20, 5:22, 9:20, 9:22, 20:13, 23:21, 29:12, 29:17, 43:9, 49:13, 49:22, 52:15, 55:8, 58:23, 59:11, 62:16, 74:16, 74:20, 75:3, 75:6, 75:8, 76:22 illness 70:23 illnesses 18:14, 41:2 imbalances 26:23</p>	<p>immediate 32:7 immediately 6:19, 59:19 immigrant 21:11, 23:5, 52:18 immigrants 21:23 immigration 22:8, 22:17 impact 11:13, 11:20, 31:16 impacted 13:6, 13:11, 13:18, 47:19, 61:5 impacts 44:22 impaired 5:12 impending 61:5 implore 43:15, 51:12, 64:7 importance 14:2, 23:13 important 52:19, 52:20, 66:6 importantly 38:15 impossible 11:8, 17:20 improve 13:16 improvement 36:15 improvements 25:3, 41:6 in-person 4:15 incentive 32:5 incidence 11:13</p>
--	--	---	---

<p>incidences 17:12 include 28:5 included 3:17, 9:6, 19:4, 37:4 includes 61:12, 70:22 including 7:23, 8:24, 13:24, 17:14, 28:12, 31:23, 32:4, 32:9, 38:10, 38:11, 52:3, 53:19 income 22:9 increase 8:21, 21:15, 22:18, 28:7, 62:24 increased 71:15 increasingly 41:11 incredibly 10:4 independent 8:10 individual 6:8, 7:5 individual's 6:1, 6:10 individuals 6:7 industry 24:16 inequalities 26:20 inequitable 49:15 inequities 8:14, 8:24, 17:11, 22:23, 23:2, 42:20, 48:21, 48:22, 49:10</p>	<p>inevitable 73:2 inform 36:23 information 6:2, 6:7, 6:11, 27:15, 28:1, 47:6, 70:21, 74:12 informed 14:17 infrastructure 25:3, 40:16, 41:5 inhumane 27:2 initial 11:24 initiative 9:11 injury 53:4 injustice 27:1 inpatient 8:1, 28:7, 29:21 input 9:12, 37:5 insecurity 17:14 insides 15:13 instead 27:9, 29:17 institution 46:2, 50:21 institutions 48:14, 48:17, 50:13, 67:11, 67:14, 67:18 instructions 5:21 insurance 6:3, 63:2, 69:6, 69:8, 70:9, 70:19, 72:10</p>	<p>interact 21:17 interest 45:1, 76:14 interested 45:8 interesting 57:10 interests 38:3 intervene 46:7 intervention 46:7 invest 49:2 invested 24:24, 25:2, 41:5, 49:7 investing 46:16 investment 9:5 investments 23:20, 25:10, 41:1 involved 30:14 irresponsibility 22:19 irreversible 65:8 issue 17:22, 56:8 issues 71:5, 72:12, 72:13</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>j-i-t-u 48:6 jameika 36:10 january 8:7, 67:3 jefferson 2:8, 75:8 jitu 48:5</p>	<p>joan 24:4 job 1:22, 19:19, 36:23, 39:15, 39:16, 40:14 jobs 9:8, 21:8, 28:23, 32:21, 39:17 join 31:5 joined 36:22 journey 48:9 jr 1:17, 4:14 justice 31:2, 48:9, 48:19</p> <hr/> <p style="text-align: center;">K</p> <hr/> <p>katherine 53:22 keep 15:13, 19:19, 20:9, 25:17, 36:5, 40:17, 41:1, 44:4, 44:13, 64:11, 67:13, 69:12 keeps 41:19 kenwood 44:18, 48:7 kept 16:2 kicking 58:11 kidney 63:17 kids 53:1 kim 55:6 kind 14:1, 25:17,</p>
--	---	--	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>41:13 king 1:17, 4:14 knee 15:9, 16:13 kneecaps 19:8 knees 15:8, 15:16 knew 11:12, 27:21 know 13:8, 15:18, 15:19, 15:20, 16:8, 16:14, 16:18, 16:19, 19:16, 19:21, 32:16, 32:17, 39:23, 44:12, 53:13, 53:14, 54:12, 54:23, 58:10, 59:7, 67:10, 70:15, 70:17, 70:20, 71:22 known 3:8</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>lab 64:1 labor 72:3 lac 18:24 lack 34:15, 37:11 lags 40:16 laid 10:12, 69:6 land 46:5 language 21:14 large 20:21 largest 17:8, 38:18</p>	<p>last 7:17, 9:19, 26:10, 28:19, 33:8, 38:21, 48:6, 51:21, 54:1, 55:19, 57:6, 61:1, 62:8, 64:5, 64:14, 66:24 late 31:2, 63:14 latest 41:1 latina 71:20 latinx 61:15 launched 9:10, 37:3 laws 5:7 lead 31:5, 37:19 leader 31:15 leaders 36:24, 37:9, 53:17 learn 19:13 learned 55:13, 69:19 least 5:12, 14:5, 16:6, 25:9, 45:17 leave 45:19, 60:2, 61:21 leaving 13:20 led 11:14, 30:20 left 21:5, 21:8 leg 16:7 legal 3:17, 3:18,</p>	<p>6:24, 56:18 legislation 33:18 legislative 9:19 legislator 20:21 legislators 17:24, 45:13 legislature 9:20, 12:2 lesson 57:23 let's 51:13, 51:14 letter 5:12 level 22:10, 49:9 licensing 55:8 lies 59:8 life 9:1, 11:16, 13:6, 13:11, 13:16, 13:18, 16:18, 17:8, 22:5, 22:16, 29:6, 29:15, 30:22, 44:1, 44:13, 50:14, 56:1, 56:14, 56:19, 64:23, 65:5, 65:9 life-altering 63:1 life-changing 63:18 life-ending 63:19 life-saving 57:19 lifeline 64:6 lifelong 10:22 lightfoot 14:12, 14:16</p>	<p>limited 4:21, 21:24, 28:2 lincoln 42:10 line 61:16 lines 64:21 linguistic 52:19 list 70:24 listen 14:15 literally 58:8, 58:15, 58:17 little 57:22, 71:5 live 15:11, 16:18, 16:19, 20:1, 45:4, 46:16, 47:17, 47:18, 50:3, 68:18, 68:20, 73:5 livelihood 39:8 lives 12:20, 12:22, 13:23, 39:20, 42:9, 44:2, 44:23, 47:16, 47:19, 51:13, 58:13, 65:19, 71:18, 71:19, 71:20, 72:6, 72:19 living 15:5, 30:1, 61:16, 71:13, 72:23 loaded 57:14 local 12:14, 33:11, 38:1</p>
---	---	---	--

Transcript of Public Hearing
Conducted on October 28, 2020

<p>located 3:13, 30:12, 55:9 long 15:10, 18:6, 20:7 longer 25:7, 71:3 look 8:5, 15:12, 43:2, 45:14, 46:3, 46:5, 46:7, 47:2, 49:16, 50:24 looked 8:4, 59:4 looks 15:13 lori 14:11 lose 45:20, 47:24 losing 14:6, 45:5, 46:19, 53:12 loss 13:23, 19:13, 27:23, 29:8, 29:9, 46:12 losses 25:6, 47:7 lost 28:23, 46:11, 51:7, 65:1, 65:4 lot 15:11, 28:9, 29:20, 30:5, 58:8, 58:10, 62:22, 63:1 louise 52:6 love 35:1, 50:5, 50:7, 50:10, 50:11, 72:3 loved 56:20 low 19:8</p>	<p>low-income 22:2, 23:17 lower 11:16, 11:18 loyola 32:9 lugenia 12:14, 42:4, 43:13 luther 1:17, 4:14 lutheran 62:15</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>m-a-y-e-r 40:3 m-i-c-h-a-e-l 10:19 m-o-o-r-e 18:23 ma'am 7:11, 12:10, 14:23, 16:21, 20:10, 53:20, 53:24, 54:4, 55:2, 60:23, 62:3, 64:12, 68:5 macneal 32:11 made 24:19, 35:15, 47:6, 70:14, 74:13, 74:24 magnitude 29:3 mah 20:11, 20:12 maintain 5:24, 6:12, 6:14, 25:11, 48:17, 53:18 maintained 9:8 majority 14:7 make 7:2, 7:5, 7:9,</p>	<p>16:4, 22:11, 23:11, 24:8, 24:22, 29:5, 29:6, 40:11, 43:1, 43:3, 43:6, 47:11, 58:12, 63:4, 65:13 makes 49:15 making 17:20, 40:21, 43:10, 47:5 man 35:11, 35:15 manage 69:16 management 30:20 manager 2:7, 70:1 many 11:4, 11:22, 13:14, 15:4, 19:23, 19:24, 20:16, 21:23, 22:1, 24:18, 24:21, 24:22, 28:10, 40:13, 40:21, 42:8, 42:12, 44:1, 44:2, 44:21, 46:22, 48:1, 51:18, 53:6, 53:10, 69:17, 71:4, 72:8, 73:8, 73:11 market 24:21, 30:11, 32:21 martin 1:17, 4:14 mask 4:22 masks 6:15 masonic 62:16</p>	<p>mastered 69:21 maternal 72:7 matter 22:4, 22:5, 51:13, 65:6, 65:18, 65:19, 71:18, 72:6 matters 65:10, 65:18, 65:19 mayer 40:2, 40:3 mayor 14:11, 14:15, 49:4 mccormick 1:15, 4:13 mckinley 55:15, 56:13 meals 38:9 mean 35:8, 48:19, 52:16, 64:22 means 34:4, 34:15, 62:13, 65:11, 65:15 meant 9:18 meantime 72:14 media 51:3 medicaid 29:11, 70:19, 72:11 medical 1:10, 3:9, 3:10, 4:2, 7:17, 9:6, 10:20, 10:21, 13:1, 13:22, 16:24, 24:5, 26:8, 31:13, 31:17, 32:10, 36:12,</p>
---	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>38:2, 40:4, 40:5, 40:6, 52:15, 52:23, 53:13, 57:11, 57:18, 58:5, 58:7, 59:3, 60:8, 60:17, 62:23, 63:9, 64:15, 66:17 medicine 12:20, 15:16, 58:9, 59:23, 61:2, 62:6 meet 17:22, 18:11, 24:22, 25:5, 40:12, 40:18, 41:8, 41:10 meeting 6:16, 17:7, 74:18 meetings 37:4 meets 33:4 member 12:14, 26:6, 48:7, 51:18, 55:7, 60:8, 60:18, 72:2 members 9:15, 21:7, 22:16, 32:7, 33:11, 34:3, 34:5, 34:6, 34:24, 35:20, 36:24, 38:2, 38:6, 38:16, 38:19, 38:20, 39:4, 39:5, 39:6, 39:9, 42:5, 51:11, 74:14 memorial 32:10 mental 28:3, 28:7, 70:22, 71:4,</p>	<p>71:13 mention 13:12 mentioned 22:7 mercy's 17:1, 18:16, 20:22, 27:16, 29:1, 30:1, 31:15, 33:5, 37:18, 40:8, 41:22, 71:7 met 9:13, 37:7 michael 2:5, 10:19, 13:21, 46:11, 48:2, 52:8, 66:21, 69:2 michigan 3:14, 4:3, 52:11 microphone 68:11 middle 22:21, 42:17, 65:24 might 20:16 mike 3:4 mile 30:6 miles 21:21, 22:3, 22:4, 30:13, 30:15, 30:16, 30:22, 35:9, 56:17, 59:4, 59:14, 59:15 million 25:3, 25:4, 25:7, 25:9, 41:5, 41:7, 61:11 millions 64:24 mind 26:18</p>	<p>minds 45:22 minority 23:17 minute 59:9, 64:23, 65:3, 65:7 minutes 58:2, 58:3, 58:19, 59:5, 59:10, 59:12, 59:14, 59:15, 65:6 miracles 58:8, 58:9, 58:15 miss 46:9, 67:8 mission 8:7, 10:6, 10:9, 30:1, 49:21, 60:7, 72:23 mix 7:24 model 11:1, 11:4, 12:7, 28:3, 28:6, 28:23, 29:21, 33:3, 40:9, 40:15, 40:16, 57:13 models 11:6 mom 53:5 money 15:20, 15:21, 29:4, 63:4, 67:20 month 29:9 monthly 25:6 months 11:22, 62:18, 67:1, 71:11 moore 18:22</p>	<p>more 6:15, 11:14, 12:18, 12:20, 13:3, 13:17, 16:18, 17:17, 21:21, 24:15, 25:2, 25:4, 37:8, 41:5, 41:6, 44:2, 46:5, 47:19, 49:18, 49:20, 50:6, 50:7, 56:22, 58:1, 64:18, 65:12, 65:15, 65:16, 72:8, 72:15, 72:16 morning 3:2, 7:12, 10:18, 12:11, 14:24, 16:22, 20:11, 24:3, 26:3, 31:11, 36:9, 40:2, 43:21, 44:17, 48:5, 53:21, 55:5, 57:4, 60:24, 71:23 mortality 72:7 most 17:18, 38:15, 39:17, 48:14, 50:14, 50:18, 50:21, 60:16, 61:5 mother 54:8 mother-in-law 53:8 mothers 66:5, 69:17, 71:19, 71:20, 71:21 motive 46:4 mouth 15:24</p>
---	--	--	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>move 19:19, 41:15, 47:5, 73:18 moved 28:22, 39:2, 54:6, 69:1 moving 8:1 much 15:22, 16:14, 18:19, 29:4, 51:15, 56:15, 57:1, 57:7, 60:21, 64:10, 67:7, 68:3, 68:12, 71:2, 73:23 multi-site 62:13 multiple 62:14 multiplying 23:2 muscle 58:1, 65:7, 65:9 must 4:22, 15:21, 33:1, 72:9, 72:13 myself 13:20, 13:24, 19:6, 20:23, 67:1</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>n-o-r-m-a 68:16 name 3:3, 7:3, 7:12, 10:17, 10:18, 12:12, 14:24, 15:20, 16:22, 18:22, 20:12, 24:3, 26:5, 26:10, 31:11, 33:7, 33:8, 36:9, 37:23,</p>	<p>40:2, 42:3, 43:21, 44:7, 44:17, 48:5, 48:6, 51:17, 51:21, 53:21, 54:1, 55:5, 57:5, 57:6, 60:24, 61:1, 62:6, 62:8, 64:13, 64:14, 66:18, 66:20, 68:9, 68:15 names 7:7 nancy 16:23 nation's 38:17 national 48:8, 71:13 near 15:5, 15:6 nearby 30:4 nearest 21:20, 30:15, 56:15 nearly 17:19, 17:20 necessary 10:10, 18:3, 59:17 need 10:11, 11:23, 14:11, 14:14, 14:17, 14:20, 18:5, 18:11, 20:3, 21:16, 25:16, 28:4, 29:11, 30:7, 35:19, 35:21, 35:23, 36:2, 37:10, 37:12, 38:17, 40:18, 41:13, 42:13, 43:7, 43:16, 46:1, 46:6, 46:7, 47:2,</p>	<p>47:5, 47:11, 56:20, 67:12, 70:6, 70:15, 72:1 needed 17:18, 18:17, 25:1, 25:21, 29:13, 32:18, 41:2, 41:18, 46:24, 53:4 needing 41:20 needle 58:11 needs 5:6, 5:9, 17:7, 17:22, 20:20, 21:19, 25:6, 25:15, 29:24, 33:4, 41:8, 57:14, 60:4, 63:24, 66:7, 67:13, 67:19, 67:23, 71:15 neighbor 16:3 neighborhood 33:19, 35:6, 46:17 neighborhoods 21:18, 34:22, 49:1, 71:6 neither 76:12 net 7:22, 11:3, 11:9, 17:21, 22:3, 24:9, 36:17, 40:11, 40:22, 42:16, 45:5, 49:11, 61:9, 65:22, 72:12, 73:2 network 11:7, 36:19 neurons 65:1, 65:4 never 11:21, 18:2</p>	<p>new 8:6, 8:11, 8:17, 28:6, 28:11, 29:20, 32:14, 54:15, 70:7 newest 72:2 next 10:16, 12:9, 18:20, 24:1, 25:10, 26:1, 36:7, 37:21, 39:24, 42:1, 43:20, 44:5, 44:15, 52:14, 58:20, 65:3, 65:13 nicely 72:17 nine 19:2 none 16:6, 22:6, 73:16, 74:6 norm 28:11 norma 68:15 north 11:17, 17:11, 62:15 northwestern 35:24, 58:24, 59:15 notary 76:1, 76:5, 76:21 nothing 33:9 notice 3:17, 3:18, 3:24, 5:5, 6:24 notification 5:7 notified 9:24 november 71:8, 74:21</p>
--	---	--	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>nowhere 64:7</p> <p>number 20:22, 28:4, 75:10</p> <p>numbers 35:18</p> <p>nurse 68:17</p> <p>nurses 17:4, 19:12, 38:23, 44:10, 48:1, 52:22</p> <p>nursing 16:23</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>oakland 44:18, 48:8</p> <p>obama 26:14</p> <p>obligations 41:10, 56:18</p> <p>observation 5:3</p> <p>obviously 67:23</p> <p>occupy 6:16</p> <p>october 1:19, 4:11, 4:12, 4:16, 4:17, 5:18, 5:19, 76:16</p> <p>offer 41:16</p> <p>offers 45:8, 51:1</p> <p>office 5:10, 45:13</p> <p>officer 1:3, 2:4, 2:5, 2:6, 3:2, 10:15, 10:20, 12:9, 14:23, 16:21, 16:23, 18:20, 20:10, 24:1, 24:4, 26:1,</p>	<p>26:9, 26:13, 31:10, 31:13, 36:7, 37:21, 39:24, 42:1, 43:19, 44:5, 44:15, 48:4, 51:16, 53:20, 53:24, 54:3, 55:2, 57:2, 60:22, 62:3, 64:12, 66:8, 66:10, 66:15, 68:4, 68:8, 68:13, 73:21, 74:2, 74:6, 74:10, 76:5</p> <p>offices 39:3</p> <p>officials 9:13</p> <p>oh 15:12</p> <p>okay 15:10, 54:3, 57:14, 58:4, 66:20</p> <p>old 15:5, 15:12, 29:19, 30:18</p> <p>oldest 67:17</p> <p>once 13:8, 26:15, 67:4</p> <p>oncologist 70:5</p> <p>one 5:13, 8:13, 10:4, 10:5, 13:5, 22:22, 28:4, 28:17, 28:20, 29:15, 30:6, 36:4, 38:18, 40:21, 42:19, 47:9, 48:23, 49:5, 56:22, 60:12, 62:6, 69:4,</p>	<p>69:15, 70:16, 71:23</p> <p>one-on-one 37:4</p> <p>one-third 61:22</p> <p>ones 26:17, 56:21</p> <p>ongoing 18:8, 21:9, 36:21</p> <p>online 37:5</p> <p>only 4:16, 4:17, 4:18, 5:4, 5:12, 5:17, 11:11, 20:5, 23:1, 26:19, 26:22, 27:23, 33:22, 33:23, 38:12, 52:17, 55:10, 55:17, 69:10, 69:20</p> <p>onset 24:18</p> <p>open 4:7, 12:4, 18:10, 20:9, 28:17, 28:21, 32:20, 35:20, 35:21, 36:5, 43:7, 44:4, 44:14, 60:5, 64:11, 66:7, 67:12, 67:14, 67:20</p> <p>opening 58:16</p> <p>operate 7:24, 11:3</p> <p>operating 24:4, 25:6, 27:22, 41:8, 49:19</p> <p>opportunities 5:15, 32:8</p> <p>opportunity 3:19, 4:8,</p>	<p>57:7, 58:6, 74:4</p> <p>oppose 39:22, 52:1, 62:9</p> <p>opposed 21:1</p> <p>opposition 26:7, 64:17, 75:2</p> <p>option 52:14</p> <p>options 52:14</p> <p>oral 6:5, 6:23</p> <p>order 6:17, 7:7, 29:12, 73:10</p> <p>organization 14:12, 44:19, 48:8</p> <p>organizations 51:9</p> <p>ormsby 24:3, 24:4</p> <p>other 8:9, 14:4, 14:19, 17:13, 21:18, 23:18, 26:16, 32:8, 34:2, 34:5, 47:1, 47:8, 49:22, 51:1, 51:4, 52:22, 53:17, 56:17, 67:11, 67:21, 70:24</p> <p>others 4:24, 11:14, 14:7, 31:5, 42:6</p> <p>otherwise 76:14</p> <p>ourselves 48:18</p> <p>out 10:12, 13:4, 16:10, 25:18, 45:10, 45:12,</p>
--	--	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>53:18, 65:15, 69:13 outcome 76:14 outcomes 17:16, 65:16 outpatient 8:2, 8:12, 8:17, 10:9, 11:1, 11:6, 12:3, 12:7, 25:19, 28:2, 28:22, 29:22, 32:1, 33:3, 40:9, 41:15, 41:16, 55:20, 57:12, 63:20, 63:21, 65:20, 71:7, 73:15, 73:16 outplacement 32:13 outreach 9:11, 37:3 outside 30:14, 33:18, 35:4, 35:12, 35:13 over 9:5, 9:15, 13:12, 17:9, 19:2, 27:12, 28:23, 34:11, 34:18, 40:13, 40:21, 44:9, 56:11, 70:7 overburdened 71:10 overcrowded 34:10, 34:16 overdoses 71:14 overnight 30:19 overwhelmed 46:21, 54:15 owe 16:19</p>	<p>own 8:15, 8:20, 21:1, 28:3, 30:1, 55:8, 69:18, 70:1, 70:4 ownership 23:19 owns 29:19 oxygen 58:1, 65:7</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>pace 16:5 pages 1:23, 27:14, 27:16 pains 19:20 pandemic 11:11, 14:10, 21:9, 22:22, 23:18, 24:19, 27:3, 27:9, 27:24, 28:8, 34:1, 35:18, 38:18, 39:5, 42:17, 45:6, 47:9, 61:20, 65:24, 73:3 parent 23:16 parents 50:17 park 1:16, 4:14, 55:15, 56:13 parking 29:20 part 3:22, 9:21, 21:10, 47:3, 49:24, 50:1 participate 49:3, 73:17 particular 36:16</p>	<p>particularly 29:9 parties 76:13 passed 13:4, 53:8, 54:8 past 24:6, 62:18, 70:24 path 7:21, 10:1, 11:10, 24:9, 24:12, 32:24, 41:12 patience 19:22 patient 12:17, 15:2, 19:4, 29:10, 33:20, 33:21, 38:14, 44:9, 55:4, 61:18, 69:14 patients 10:7, 10:10, 11:21, 11:23, 12:7, 17:7, 17:23, 18:4, 18:13, 19:5, 25:16, 29:2, 29:7, 29:11, 30:5, 31:21, 33:3, 34:6, 34:7, 34:14, 34:18, 35:1, 37:20, 38:8, 38:9, 39:5, 39:7, 40:18, 41:13, 41:14, 41:19, 42:7, 54:15, 55:18, 62:20, 62:22, 63:2, 64:6, 65:11, 65:17, 66:24, 68:19, 68:24, 69:1, 69:4, 69:15,</p>	<p>70:16, 71:4, 71:9, 71:11, 72:10, 73:9 pause 60:14 pave 41:23 pay 32:12 payor 7:24 pending 46:12 people 12:22, 14:8, 14:9, 15:12, 19:23, 20:2, 20:6, 34:12, 34:13, 34:21, 35:8, 35:9, 39:13, 39:19, 42:12, 44:23, 46:14, 46:18, 47:12, 47:16, 49:2, 49:5, 50:3, 50:10, 50:21, 51:5, 55:21, 58:13, 60:1, 61:11, 63:3, 63:5, 63:6, 63:14, 63:22, 65:18, 73:8 people's 29:6, 44:2, 67:22 percent 27:23, 61:12, 61:13, 61:14, 61:15 perform 49:16, 58:8, 58:15, 59:1 perhaps 13:23 period 9:13 permitting 26:4</p>
---	--	--	--

<p>perry 42:10</p> <p>persist 17:11</p> <p>person 26:16</p> <p>persons 4:21, 5:6, 5:8</p> <p>pertinent 5:7</p> <p>petros 1:24, 76:3, 76:20</p> <p>philadelphia 50:8</p> <p>physician 10:23, 61:2</p> <p>physicians 20:24, 31:23, 40:7</p> <p>pilsen 20:18, 21:5, 34:23</p> <p>pioneer 42:10</p> <p>place 1:15, 4:13, 16:1, 41:21, 63:23, 63:24</p> <p>places 66:1</p> <p>plan 8:16, 9:11, 9:17, 9:21, 10:12, 17:1, 18:10, 36:23, 37:11, 37:14, 40:9, 57:12, 59:9</p> <p>planning 1:14, 3:21, 4:6, 17:19</p> <p>plans 6:4, 10:24, 12:1, 18:16, 33:6, 45:16</p> <p>plant 22:4</p>	<p>platforms 37:7</p> <p>play 18:7</p> <p>please 5:20, 6:23, 7:2, 7:10, 10:16, 12:10, 18:21, 19:22, 20:3, 20:9, 26:2, 26:10, 35:17, 36:5, 42:2, 43:16, 43:20, 44:6, 44:16, 47:13, 47:20, 54:22, 64:8, 64:10, 73:18</p> <p>pleased 18:8</p> <p>pleasure 42:7</p> <p>plus 39:14</p> <p>podium 7:10, 10:17</p> <p>point 57:9</p> <p>points 62:11</p> <p>policies 36:16</p> <p>poor 10:7, 23:4, 35:5, 35:8, 35:9, 60:13, 60:15, 62:22, 72:23</p> <p>population 21:19, 29:10, 61:13, 61:14, 61:15, 61:16, 61:22</p> <p>populations 21:22, 36:20, 61:18</p> <p>portability 6:3</p>	<p>possibility 13:19</p> <p>possible 6:24, 32:4</p> <p>possibly 46:4, 63:18</p> <p>post 74:22</p> <p>potential 37:1</p> <p>pound 19:13</p> <p>pounds 19:10</p> <p>poverty 61:16</p> <p>powers 47:21</p> <p>ppe 67:21</p> <p>ppos 72:17</p> <p>practitioner 68:17</p> <p>pray 54:22</p> <p>praying 44:3</p> <p>precious 56:14</p> <p>preckwinkle 14:21</p> <p>prefer 75:9</p> <p>prep 33:13</p> <p>prepared 6:20, 21:18, 73:7</p> <p>presence 37:5, 60:10</p> <p>present 2:1, 4:8, 5:16</p> <p>presentation 6:21, 7:2, 7:6, 7:9</p> <p>president 7:16, 12:13,</p>	<p>14:21, 26:14, 46:15, 51:22</p> <p>pressure 13:4, 63:10, 63:16</p> <p>pretty 16:2, 28:9</p> <p>prevent 31:6</p> <p>preventive 8:20, 37:10, 41:19</p> <p>previous 27:24, 48:10, 57:9, 69:6</p> <p>previously 68:19</p> <p>primary 9:7, 46:23, 68:18</p> <p>prime 29:1</p> <p>princeton 52:7</p> <p>prior 5:13</p> <p>prioritizing 69:18</p> <p>priority 23:14, 43:5</p> <p>pritzker 14:11, 14:15</p> <p>privacy 5:24</p> <p>private 9:4</p> <p>privileged 13:15</p> <p>probably 28:9, 35:15, 45:1, 47:14, 73:8</p> <p>problem 46:20, 50:1, 67:23</p> <p>problems 57:15, 67:2, 67:5, 70:23</p>
--	--	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>process 32:3, 64:9 professional 39:2, 76:4 proficiency 22:8 proficient 21:24 profit 12:23, 23:7, 29:1, 46:6, 47:5, 47:6 profitable 23:16 profits 12:21 program 9:23, 33:22, 69:11 programs 32:6 progressing 64:24 project 1:8, 3:8, 3:15, 4:10, 9:3, 74:15 projects 67:22 pronouncing 16:11 proper 33:16 property 49:14 proposal 17:23, 47:13, 52:9, 52:10 propose 3:12, 22:21 proposed 3:7, 4:9, 10:9, 21:15, 25:19, 41:16 prospects 8:4 prostate 67:5 protect 5:24</p>	<p>protected 6:6, 6:10 protection 6:13 protocols 6:13 proud 18:7 provide 10:10, 29:13, 29:18, 38:7, 38:9, 40:7, 41:18, 74:8 provided 25:4, 27:15, 28:1, 28:14, 41:6, 59:16 provident 34:3, 34:8, 34:12, 35:12, 35:14, 46:13, 46:16 provider 20:24, 70:2 providers 6:4, 9:7, 73:17 provides 28:2, 60:4, 65:22 providing 6:19, 10:6, 20:19, 25:15, 41:12, 46:9, 49:22 proximity 52:18 psychiatry 71:8 public 1:1, 1:6, 2:4, 2:5, 2:6, 3:7, 3:18, 3:24, 4:5, 4:7, 4:8, 4:10, 5:2, 5:3, 5:14, 5:16, 5:23, 9:4, 42:11, 46:1, 47:6, 48:21, 49:8, 49:23,</p>	<p>66:17, 74:20, 75:1, 75:11, 76:1, 76:5, 76:21 pui 51:19 pull 45:10 purchasing 24:23 purpose 42:23 pursuant 4:5 pushing 58:11 put 7:20, 15:24, 34:2, 51:3 putting 15:20, 62:11</p> <hr/> <p style="text-align: center;">Q</p> <hr/> <p>quality 8:19, 13:16, 65:2 quality-of-life 50:12, 50:20 quote 72:1 quotes 73:14</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>r-a-t-c-l-i-f-f-e 44:8 r-o-l-f-s-e-n 68:16 r-o-p-e-r 54:2 race 22:17 racial 22:13, 22:15, 48:19 radius 30:13 raise 9:11</p>	<p>raising 50:6 ratcliffe 44:7, 44:8 rates 8:2, 11:19, 40:20, 43:9 rather 73:5 reached 45:12 read 27:14, 60:6, 60:12, 60:14 reading 76:11 real 29:1, 46:13, 71:15, 73:1 really 15:18, 15:22, 20:3, 34:7, 34:17, 45:7, 46:3, 47:1, 47:2 reason 15:21, 60:4 reasonable 57:14, 58:13 reasons 13:17, 40:22 rebuild 29:18 receive 70:17, 71:3 receiving 23:19 recently 21:2, 38:12, 39:12 receptive 37:8 recess 66:9, 66:14, 74:1 recession 21:9, 69:7 recommend 47:22</p>
--	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>recommended 4:19 reconsider 35:17 record 3:17, 23:12, 66:11, 66:16, 66:19, 74:12, 75:13, 76:8 recording 28:6 records 13:23 recovery 65:2 recruit 52:22 reduced 8:2, 76:10 reducing 18:15 reese 13:22, 46:11, 48:2, 52:8, 69:2 referred 69:5, 70:5, 71:9 refuse 73:1 refused 50:11 regarding 1:7 regency 1:15, 4:13 registered 76:3 registers 7:7 regular 28:14, 63:3, 63:5 regularly 37:7 regulated 13:4 reimbursement 8:2, 11:19,</p>	<p>40:20, 72:11 reimbursements 49:18 related 76:12 relevant 4:8 relies 20:23 rely 20:18, 22:2, 63:8 remain 12:2, 17:17, 17:20, 32:5 remaining 7:6 remember 58:3, 58:18 remind 74:10 reminded 17:4 remote 5:17 remotely 5:2 repair 37:13 repeat 71:17 replace 8:12, 65:20 report 74:23, 75:4 reported 1:24, 27:22 reporter 7:3, 10:17, 68:10, 76:1, 76:4, 76:5 represent 3:5, 20:13, 21:23, 33:10, 35:20, 38:2, 38:3 representative 20:11, 20:12</p>	<p>representing 20:21 requested 76:11 require 18:14, 25:9, 55:22, 59:18 requirements 1:13, 3:20 requiring 40:24 resident 10:22, 12:13, 15:2, 18:23, 20:23, 59:22, 61:2 residents 8:24, 9:1, 13:13, 17:9, 17:10, 21:10, 21:16, 23:14, 36:24, 37:5, 37:9, 43:14, 56:2, 56:19, 62:7, 70:11 residing 13:13 residuals 51:10 resource 45:21, 53:9 resources 31:13, 34:15, 45:23, 63:4, 63:23 respect 31:18, 38:13, 38:23, 38:24, 70:20, 72:5 respiratory 14:1, 66:23 respond 73:5 response 74:5, 74:9 responses 75:1 responsibility 47:21, 49:12</p>	<p>responsible 36:13, 67:24 restraint 27:21 resulting 28:18 resume 66:12, 66:13 resus 35:13 retain 31:22 retention 32:5 revenue 27:22 reversing 58:15 review 1:2, 2:3, 3:6, 3:16, 3:23, 5:10, 5:23, 23:22, 56:6, 56:23, 74:17, 75:3, 75:7 revitalize 13:16 rhonda 44:7 richard 69:4 ride 65:3, 71:3 right 8:21, 8:22, 10:4, 16:11, 16:16, 18:13, 20:6, 23:8, 30:7, 34:1, 34:9, 41:14, 47:17, 49:7, 50:3, 52:6, 55:10, 58:6, 62:17, 64:5, 66:13 rights 50:15 rising 7:23, 11:19,</p>
---	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>35:19, 43:10 risk 62:24, 66:2 risks 65:8 rivers 50:8 road 58:11, 58:12 roate 1:3, 2:4, 3:2, 3:3, 10:15, 12:9, 14:23, 16:21, 18:20, 20:10, 24:1, 26:1, 26:9, 26:13, 31:10, 36:7, 37:21, 39:24, 42:1, 43:19, 44:5, 44:15, 48:4, 51:16, 53:20, 53:24, 54:3, 55:2, 57:2, 60:22, 62:3, 64:12, 66:8, 68:13 robust 37:3 rock 30:15, 69:24 rod 42:3 rodeo 74:19 role 18:7, 24:6, 32:14, 36:13 rolfsen 68:6, 68:12, 68:15, 73:23 room 1:16, 4:14, 4:20, 4:23, 6:16, 6:18, 28:10, 34:12, 34:13, 46:12, 46:19, 46:22,</p>	<p>53:5, 53:6, 67:4 rooms 39:5 roper 53:21, 53:22, 54:2, 54:3, 54:5 rotate 59:22 rotated 64:16 routine 63:9 rpr 1:24, 76:20 rules 3:15 run 7:23, 65:14 runs 49:19 rush 52:15, 56:16, 58:23, 59:2, 59:12 ruth 31:3</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>s-a-i-y-a-s-o-m-- b-a-t 62:9 s-a-m-p-s-o-n 36:10 s-c-h-n-e-i-d-e-r 7:15 s-c-h-u-s-t-e-r-- i-c 26:12 s-h-a-n-n-o-n 44:19 s-t-i-g-e-r 33:8 s-w-a-i-n 43:22 sabotage 50:13 sad 42:15</p>	<p>sadly 9:18, 73:1 safe 25:11 safeguard 43:3 safety 7:22, 11:3, 11:9, 17:21, 22:3, 24:8, 36:17, 40:11, 40:22, 42:16, 45:5, 49:11, 61:9, 65:22, 72:12, 73:2 said 22:1, 26:15, 31:3, 38:20, 48:10, 50:9, 50:10, 51:5, 54:14, 56:6, 67:9, 76:9 saiyasombat 62:5, 62:8 sales 29:1 same 28:20, 49:17, 51:5 sampson 36:9, 36:10 savage 48:22 save 14:14, 14:18, 14:22, 19:17, 43:17, 49:5, 56:20, 58:10, 61:24 saved 42:8, 44:1, 44:12, 53:15 saving 12:20 saw 13:6 say 15:12, 16:9,</p>	<p>35:6, 47:18, 48:12, 49:13, 51:1, 51:13, 53:2, 66:18, 70:2, 71:18, 72:5, 72:9, 73:7 saying 46:15, 47:13, 49:1 says 59:5 scheduled 5:13, 70:6, 71:7, 74:15 schneider 7:12, 7:13, 7:14 school 49:6, 49:9, 50:16 schools 48:15, 48:22, 49:2, 49:14, 49:15, 49:16, 51:6, 51:7, 67:11, 67:14, 67:15 schusteric 26:3, 26:5, 26:11, 26:14 science 57:22 scrambling 13:22 scratch 48:16 seams 49:9 second 2:9, 54:10 secondly 45:12, 46:3 seconds 64:22 secure 45:2 security 39:21</p>
--	--	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>see 12:24, 13:15, 16:15, 16:16, 18:8, 30:21, 43:8, 46:17, 49:24, 62:20, 63:3, 63:5, 63:13, 69:10, 70:12, 71:10, 71:24, 72:21, 73:1 seeing 11:12, 74:6 seek 9:12, 26:18 seen 11:2, 42:18 sees 34:11, 34:13 self-indulgence 27:19 send 70:16 senior 21:24, 42:9 seniors 13:12, 19:24, 21:12 sense 64:20 senseless 27:5 sent 55:22, 70:18, 75:6 series 36:21 seriously 70:4 serve 12:4, 12:6, 21:18, 35:21, 36:20, 39:18, 51:19, 51:22, 52:24, 53:18, 55:14, 55:24, 56:7, 60:9, 60:15, 72:23</p>	<p>served 7:16, 24:6, 27:12, 33:3, 38:6, 40:13, 52:4, 72:22 serves 29:10, 34:22, 43:4, 56:12, 61:9, 64:5, 65:17 service 15:7, 20:22, 33:12, 38:12, 54:20 services 1:2, 2:2, 3:6, 3:16, 3:23, 5:10, 5:23, 8:20, 10:10, 10:24, 17:2, 22:2, 23:22, 25:24, 28:14, 29:13, 29:22, 30:4, 32:12, 32:13, 35:10, 42:13, 42:14, 46:10, 55:20, 56:5, 56:23, 57:11, 57:18, 57:19, 58:14, 58:18, 59:2, 59:16, 60:3, 64:2, 67:12, 74:17, 75:3, 75:7 serving 27:18, 38:16 session 5:3, 9:19 sessions 4:11 setting 8:22 seven 7:18, 67:1 several 24:10 severance 32:12</p>	<p>shall 6:7, 6:9 shame 72:14, 73:5 shannon 44:18 shape 43:24 share 6:10, 17:1 short-term 25:5, 41:8 shorthand 76:1, 76:4 should 5:9, 13:24, 22:17, 23:6, 29:17, 29:20, 30:9, 45:22, 48:20 shouldn't 67:14, 67:15, 72:24 showed 60:2 shown 42:19 shows 28:3 shutting 26:22, 27:3, 50:12, 51:2, 65:23 sickest 62:20 sickle 19:6 side 8:9, 8:14, 8:16, 8:24, 9:2, 9:3, 9:17, 9:21, 9:23, 10:1, 10:11, 11:6, 11:16, 11:17, 12:6, 17:7, 17:10, 17:11, 17:23, 17:24, 18:5, 18:18,</p>	<p>25:23, 26:21, 28:4, 33:23, 36:1, 36:2, 36:22, 37:19, 41:24, 43:15, 50:16, 52:3, 52:13, 53:19, 55:16, 56:3, 56:13, 61:8, 68:18, 68:21, 69:3, 71:6 signature-5tmlq 76:18 signed 6:18, 76:15 significant 8:23, 31:19, 40:24 significantly 21:16, 24:24 signing 76:11 signs 28:10, 46:17 similar 67:23 simple 28:9 simply 24:19, 27:1, 32:23 since 7:19, 19:3, 24:23, 25:2, 27:4, 38:18, 41:4, 54:7, 67:3 sincerely 31:22 sir 10:15, 26:9, 43:19, 48:4, 55:4, 57:2, 57:3, 60:22, 62:4 sister 13:7, 13:8 sisters 66:5</p>
--	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>sit 66:3</p> <p>sit-ins 50:17</p> <p>site 29:19</p> <p>sites 8:17</p> <p>situation 24:20, 30:20</p> <p>six 8:11, 60:11, 66:24</p> <p>skyrocketed 40:24</p> <p>slap 35:3</p> <p>smooth 31:20</p> <p>sniffles 59:21</p> <p>social 6:14, 17:13, 22:10, 26:20, 48:19</p> <p>socially 4:22</p> <p>society 22:24</p> <p>solution 14:14, 47:4, 50:1</p> <p>solutions 45:14, 47:3, 47:23, 51:11, 57:15</p> <p>some 14:3, 26:16, 29:11, 39:13, 42:5, 44:24, 45:13, 45:16, 53:15, 63:3, 63:5, 63:6, 65:13, 65:14, 73:7</p> <p>somebody 58:17</p> <p>someone 7:8, 13:24,</p>	<p>16:5, 19:14, 49:20</p> <p>something 12:21, 47:12, 50:9, 55:20</p> <p>sometimes 38:21, 39:9, 56:15</p> <p>somewhere 39:16</p> <p>sorry 16:3, 54:2, 54:9</p> <p>south 1:17, 3:14, 4:3, 4:14, 8:9, 8:14, 8:16, 8:24, 9:2, 9:3, 9:16, 9:21, 9:23, 10:1, 10:11, 11:6, 11:16, 12:6, 17:7, 17:10, 17:23, 17:24, 18:5, 18:18, 25:23, 26:21, 28:4, 30:16, 33:23, 36:1, 36:22, 37:19, 41:24, 43:15, 50:16, 52:3, 52:12, 53:19, 55:16, 56:2, 56:12, 61:8, 68:18, 68:21, 69:3, 71:6</p> <p>span 22:16</p> <p>spanish 27:4, 38:19</p> <p>spd 33:13</p> <p>speak 6:17, 15:24, 26:5, 42:6, 45:2, 47:4, 55:17, 57:8, 64:16, 68:10,</p>	<p>73:10, 73:13, 73:24</p> <p>speaker 12:9, 18:21, 24:2, 26:2, 36:8, 37:22, 40:1, 42:2, 43:20, 44:6, 44:16, 57:9</p> <p>speakers 44:21</p> <p>speaking 4:23, 27:2, 47:17, 59:18</p> <p>special 5:6, 5:8</p> <p>specialist 18:13</p> <p>specializing 68:17</p> <p>specialty 9:7</p> <p>specific 21:19</p> <p>spectrum 32:18</p> <p>spell 66:18, 68:9</p> <p>spelled 48:6, 55:6, 57:6</p> <p>spelling 7:3, 26:10, 51:21, 54:1</p> <p>spend 65:12</p> <p>spent 52:21, 65:15</p> <p>spirit 60:9</p> <p>spite 7:21</p> <p>spoke 42:5, 44:23</p> <p>spokesperson 7:4</p> <p>spring 9:19</p>	<p>springfield 2:10, 75:8</p> <p>square 20:17, 21:5</p> <p>st 54:21, 55:10</p> <p>stability 24:9</p> <p>stable 25:14, 56:10</p> <p>staff 13:1, 29:6, 31:17, 31:23, 32:19, 33:2, 52:23, 74:23, 75:4</p> <p>stakeholders 37:16</p> <p>stand 26:19, 30:21, 60:15</p> <p>standing 26:6</p> <p>stands 65:21</p> <p>star 69:24</p> <p>start 29:24, 48:20, 70:6</p> <p>started 31:8</p> <p>starve 49:6</p> <p>starved 30:14, 58:1</p> <p>state 5:7, 8:3, 9:24, 14:13, 20:12, 20:21, 28:18, 29:12, 29:17, 37:15, 45:13, 45:24, 46:6, 46:7, 49:13, 49:21, 55:8, 68:9, 74:22, 74:23, 75:4, 76:22</p>
--	--	--	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>state-of-the-art 8:11 stated 47:2 statement 60:7 stats 14:16 status 22:8, 22:17 stay 19:23, 35:19, 35:21, 36:3, 60:5, 66:7, 67:12, 67:19, 73:18 staying 8:6 stays 43:6 step 18:3, 18:14, 18:15, 29:15, 57:22 steps 18:17, 25:21, 31:19 sterilize 33:13 stiger 33:7, 33:8 still 29:20, 68:2, 69:14, 72:4 stop 29:24, 30:3, 45:20, 61:6, 64:5 store 50:19 stores 48:15 strained 41:11 strains 34:2 strategies 36:15</p>	<p>street 2:8, 45:24, 55:10, 75:8 strengthen 36:18, 37:2 strengthens 25:16 stress 32:17 strictly 4:24 stroger 52:16 stroke 64:1, 64:23, 65:3 strokes 57:21, 58:15, 58:22, 63:17 stronger 41:23, 45:22 strongly 21:1, 27:17 structural 51:14 structure 40:12, 40:15 struggle 40:22 struggled 24:22, 69:16, 69:21 struggling 50:13 stubbornly 17:17 student 64:15 subjects 57:20 submit 6:21, 74:11, 74:21, 75:1 submitting 6:5 subsequently 10:2 substance 70:23, 71:5,</p>	<p>71:14 success 29:4 suddenly 52:12, 52:13 suffer 27:7, 29:8 suffering 26:24, 39:6 sugar 13:2 suggest 56:4 suggestion 56:9 suicide 71:14 support 9:12, 10:13, 10:23, 12:5, 17:1, 18:16, 33:5, 37:18, 40:8, 41:22, 45:5, 45:15, 45:18, 47:12, 47:13, 75:2 supporting 32:3, 45:2 supportive 37:11 supports 49:22, 53:11 supposed 70:11 supreme 31:2 sure 26:11, 39:14, 43:3, 43:6, 47:11, 58:12 surgeries 53:7 surrounding 30:12 survival 65:5, 65:9 survive 17:21, 29:14,</p>	<p>40:22 sustain 45:16 sustainability 32:24 sustainable 7:21, 10:12, 11:10, 24:12, 25:11, 41:11 sustained 25:7 swain 43:21, 43:22 swipe 48:23 system 3:11, 8:10, 8:13, 12:21, 17:6, 18:18, 21:7, 25:13, 25:22, 32:15, 37:12, 40:13, 41:15, 57:16, 71:10 systematic 49:10 systems 11:5, 21:17</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>t-e-e 55:6 table 45:8, 45:15, 50:23, 64:3 tainted 47:16 tak 51:19 take 15:9, 18:17, 19:18, 20:7, 25:21, 30:6, 35:1, 47:23, 48:3, 48:14, 50:21, 54:24, 56:11, 66:12, 68:14</p>
--	--	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>takeaway 39:8 taken 7:7, 11:18, 13:9, 47:15, 64:2, 66:9, 66:14, 70:3, 74:1, 76:6, 76:9 takes 29:15, 59:9, 59:10 taking 15:15, 16:17, 31:19, 47:7, 54:15, 66:24 talented 32:19 talk 39:12, 46:18, 46:19, 47:21 talking 14:16, 15:17, 15:18, 27:10, 30:9, 30:23, 33:10, 59:20 taught 27:6 taxes 49:14 team 17:3, 31:20 teamster 39:21 teamsters 33:10, 38:1 tearing 15:19 tears 50:9 technology 40:23 tee 55:5, 55:6 telephone 5:11 tell 59:20, 62:17 telling 46:18</p>	<p>ten 9:5, 12:17, 30:13, 30:22 terms 62:11 testified 45:14, 74:7 testify 74:3 testimony 4:15, 5:16, 6:6, 6:19, 6:22, 6:23, 7:1, 7:6, 47:16, 48:11, 74:8, 76:8, 76:9 text 6:20, 6:22 th 4:12, 4:16, 4:17, 5:18, 5:19, 52:11, 67:3, 76:16 thank 7:10, 10:13, 10:15, 12:8, 14:22, 14:23, 15:23, 16:17, 16:20, 16:21, 18:18, 18:20, 20:10, 23:24, 24:1, 26:1, 26:4, 26:13, 31:8, 31:10, 33:6, 36:5, 36:7, 37:21, 39:24, 41:24, 42:1, 43:18, 43:19, 44:4, 44:5, 44:14, 44:15, 48:3, 48:4, 51:14, 51:16, 53:19, 53:20, 54:4, 55:1, 55:2, 55:3, 56:24, 57:2, 57:7, 60:21, 60:22, 62:2, 62:3,</p>	<p>64:10, 64:12, 66:7, 66:8, 66:13, 66:17, 68:2, 68:4, 68:6, 68:12, 70:14, 73:20, 73:21, 73:23, 75:12 themselves 14:5 therapist 66:23 thereafter 76:9 theresa 20:12 thing 42:19, 45:6 things 13:17, 31:3, 57:17, 63:10, 63:15, 64:2, 71:24 think 13:19, 13:20, 45:22, 48:10, 57:10, 58:9, 67:10, 70:2 thinking 64:9 thought 12:20, 43:11, 69:10 thoughtful 32:2 thousands 37:16, 51:7 threatened 73:12 three 4:10, 8:9, 8:11, 24:6, 57:19, 58:2, 58:3, 58:5, 58:14, 58:18, 58:19, 58:20, 59:24 thrombosis 55:21</p>	<p>through 12:7, 38:8, 69:11, 70:12 throughout 38:9 thursday 4:16, 5:18 time 4:21, 6:16, 8:22, 13:5, 13:24, 14:2, 16:16, 24:7, 26:16, 31:9, 37:17, 38:17, 38:21, 39:10, 42:22, 53:15, 56:22, 57:20, 58:19, 59:6, 59:8, 60:1, 62:19, 63:7, 63:13, 64:19, 64:20, 65:1, 65:4, 65:5, 65:8, 65:9, 65:12, 65:14, 65:15, 65:19, 66:6, 68:14, 69:18, 73:22 timely 65:22 times 58:10, 67:3 tirelessly 7:20 tissue 57:23, 57:24, 58:1 today 7:23, 10:11, 11:4, 12:16, 12:18, 16:9, 24:11, 25:14, 26:5, 26:6, 26:19, 37:11, 40:23, 41:13, 42:6, 45:14, 55:4, 64:10, 71:22</p>
---	---	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>today's 3:17, 5:14 toe 15:14 together 11:18, 27:9, 45:22, 60:9 token 49:17 told 13:14, 19:10, 33:15, 33:16, 67:6 toni 14:21 top 23:14, 28:16 tore 13:21 total 9:5 touch 57:20 tough 10:4 toward 18:15, 32:24 town 9:14, 13:10, 37:6 traditional 35:3 traffic 31:1 tragedy 73:20 transcript 76:7 transcripts 74:13 transferred 48:2 transform 11:1, 18:17, 25:22, 33:1, 37:12, 40:9, 60:19, 60:21 transformation 8:16, 9:3,</p>	<p>9:17, 9:21, 9:22, 10:8, 12:1, 12:3, 17:24, 18:3, 25:16, 33:6, 36:23, 37:2, 37:19, 73:16, 73:19 transforming 11:6, 60:10 transition 31:20, 31:21, 32:1, 32:12, 32:14, 39:13, 46:8, 57:12 transportation 21:14, 22:1, 22:9, 30:6, 33:13, 63:6 transported 13:9 trauma 14:2, 17:15 travel 21:16 travesty 47:10 treasured 67:18 treasurer 19:1 treat 41:2, 58:21, 63:21 treated 59:19, 59:23, 67:16, 69:22, 70:20 treating 31:18, 59:21 treatment 64:24, 65:1 treatments 41:1 trends 8:1 tried 24:10</p>	<p>trinity 3:12, 8:8, 12:4, 14:12, 18:9, 24:24, 25:2, 27:20, 27:22, 28:12, 28:16, 28:24, 29:23, 32:9, 32:14, 39:17, 41:4, 45:9, 45:19, 46:4, 47:3, 57:11, 60:8, 60:18, 62:11, 64:3, 72:13 trouble 56:9 troubling 11:15 true 8:6, 28:15, 67:10, 76:7 truly 29:24 trust 54:24 trying 16:1, 52:21, 58:12 tty 5:11 turn 35:2, 43:11, 63:16, 66:4 twice 13:8 two 5:15, 7:1, 15:10, 35:11, 59:24, 62:10, 69:23 type 43:10 types 67:13, 69:23 typewriting 76:10</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>u-l-r-e-i-c-h 66:21</p>	<p>uber 16:10 uic 58:24, 59:2, 59:22, 62:16, 66:23, 67:7 ulreich 66:20, 66:21 ultimately 8:12 unable 32:13, 63:3 unacceptable 9:1, 68:22 unconscionable 23:15, 42:21, 66:1 undeniable 50:20 under 23:19, 61:16, 69:19, 76:10 underprivileged 27:12 underresourced 71:10 underscored 48:11 underserved 10:7, 29:10, 61:18, 65:23, 68:21 understaffed 34:17 understand 31:15, 47:20 unemployment 67:22 unfortunately 18:1, 53:7, 65:14 uninsured 69:11 unique 17:7 university 32:10, 34:5, 34:9, 34:14,</p>
--	--	---	--

Transcript of Public Hearing
 Conducted on October 28, 2020

<p>34:19, 35:15, 46:20, 52:15, 54:14, 58:23, 59:11, 59:13, 69:5 unrelated 69:23 unsung 38:6 unsustainable 8:5 until 31:24, 32:6, 66:11, 74:20 upgrades 23:20 upset 69:10 urge 18:16, 25:21, 33:5, 37:18, 41:22, 56:4, 56:22, 61:6, 61:23 urgency 59:18 urgent 18:11, 41:17 urging 40:8 use 56:20, 71:5, 73:14 using 46:22, 55:20 utilize 42:13, 63:23 utilized 55:19 utmost 14:2, 23:13</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>valid 6:7 value 64:20 values 30:1, 60:11</p>	<p>vanessa 69:15 various 21:13 venous 55:21 verbal 4:9 vested 45:1 via 4:17, 4:18, 5:4, 5:16 vice 12:13 vicinity 55:15, 55:17, 56:16 view 22:19 village 42:10 violence 48:23, 61:21 virtual 37:6 virtually 9:14 visits 28:7 void 45:9, 46:23 vote 56:6, 56:24 vulnerable 36:19, 60:16, 66:1</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>w-i-l-l-i-e 43:22 w-i-l-s-o-n 15:1 w-u 51:22 wait 16:15, 26:15, 71:11</p>	<p>waiting 26:17 walk 14:5, 15:8, 16:12, 19:11, 19:14, 70:12, 70:24 walking 13:2 walmart 39:15 walter 49:6 want 14:9, 23:11, 28:20, 34:7, 34:18, 35:6, 43:6, 46:4, 47:1, 56:9, 57:16, 57:20, 58:2, 60:6, 60:12, 60:14 wanted 69:12 wants 45:10, 45:19 wasted 13:24 watch 47:11 watching 48:23 way 31:4, 32:4, 41:23, 51:14, 62:15, 67:9, 67:13, 67:19 ways 8:6, 13:5, 14:6, 17:6, 40:18, 40:21 we'll 66:11 we're 14:17, 20:3, 22:18, 27:2, 27:10, 30:23, 42:15, 43:8,</p>	<p>47:17, 58:10, 58:12, 64:18, 64:19, 66:10, 66:12 we've 26:17, 42:18, 62:14, 62:15, 62:16 wealthier 23:18 wealthy 23:16 wear 4:22, 6:15 webex 4:17, 4:18, 5:4, 5:17, 68:11 website 71:23, 74:24 wednesday 1:19, 4:12 week 5:13 weeks 35:11, 38:24, 50:9, 60:1, 71:11 weight 19:13 welcome 68:13, 72:2 welfare 23:8 well-being 36:11 well-coordinated 70:8 well-resourced 48:15 well-to-do 49:17 went 38:22, 39:4, 50:15 wentworth 42:12 west 2:8, 20:15,</p>
--	---	---	---

Transcript of Public Hearing
 Conducted on October 28, 2020

55:10, 75:7 wheel 14:5 whereof 76:15 whether 57:24 white 44:2 whoever 14:13 wife 66:22 willie 43:22 wilson 14:24, 15:1, 42:3 wishes 7:8, 74:3, 74:7 within 17:5, 20:22, 26:21, 32:9, 32:14, 32:21, 40:12, 40:15, 60:11 without 6:22, 21:6, 21:8, 43:8, 61:22, 64:24 witness 76:15 woke 38:20 woman 67:6 wonder 70:13 wonderful 52:16 words 15:24, 60:17 work 15:3, 15:6, 18:24, 30:20, 33:1, 33:11, 39:2, 45:18, 62:14, 68:23,	69:9, 72:10 worked 7:20, 11:22, 12:19, 24:7, 36:17, 39:9, 62:14, 62:15, 62:16 workers 32:18, 33:12, 64:21, 73:9 working 22:18 works 61:3, 62:7, 66:22 worse 24:20 worsening 72:20, 72:21 worst 27:3, 27:8, 62:20 wouldn't 19:10 written 3:19, 4:9, 6:6, 6:8, 60:13, 74:11, 74:13, 74:21, 75:1 wrong 12:21, 43:10 wrote 33:9 wu 51:17 <hr/> <p style="text-align: center;">Y</p> <hr/> yeah 66:20 year 27:24, 28:19 years 7:18, 8:5, 9:5, 12:18, 12:19, 15:4, 15:12, 15:23, 16:2, 16:18, 16:19, 17:9, 19:3,	24:6, 24:18, 24:23, 25:11, 27:13, 30:18, 39:14, 40:13, 44:10, 45:17, 45:18, 51:18, 52:21, 55:12, 55:20 young 49:2 younger 52:5 <hr/> <p style="text-align: center;">Z</p> <hr/> zip 9:2, 9:16 <hr/> <p style="text-align: center;">\$</p> <hr/> \$1.1 9:5 \$100 25:9 \$112 25:4, 41:7 \$124 25:3, 41:5 \$18.8 27:22 \$4 25:7 <hr/> <p style="text-align: center;">0</p> <hr/> 00 1:20, 4:12, 4:13, 4:16, 4:17, 4:18, 5:18, 5:19, 5:20, 75:5, 75:13 039 1:8, 3:8 0466 5:11 <hr/> <p style="text-align: center;">1</p> <hr/> 1 4:16, 4:18, 5:18, 5:20	1,700 28:23 1.1 61:11 10 1:20, 4:12, 4:18, 5:19, 59:9 10.1 30:15 100,000 34:18 11 9:16 1100.510 30:10 1130 3:22 12 30:18, 59:14, 59:15, 66:12, 66:13 128 27:16 13 12:19 140 9:7 15 67:3, 74:17 160 61:10 168 27:13 18 67:3 19 4:19, 6:12, 9:15, 11:11, 24:18, 27:6, 28:24, 30:16, 39:6 1996 6:3 1st 41:4 <hr/> <p style="text-align: center;">2</p> <hr/> 2 4:13, 75:13
---	---	---	--

Transcript of Public Hearing
Conducted on October 28, 2020

<p>2.4 27:23 20 1:8, 3:8, 4:6, 4:21, 27:21, 44:10, 59:5, 59:9, 59:12, 65:3 2001 74:19 2003 30:13 2006 54:7 2009 52:8 2012 24:23, 41:4 2015 54:11 2019 27:17 2020 1:19, 4:12, 4:16, 4:18, 8:7, 9:10, 9:23, 74:18, 74:21, 75:1, 75:5, 76:16 2023 76:17 216 13:12 217 2:11, 5:11, 75:10 2233 1:17, 4:14 238 27:14 24 59:14 25 6:15, 9:23, 74:21 250 38:2 2525 3:13, 4:3</p>	<p>28 1:19, 4:11, 4:12, 55:12, 55:19, 76:16 29 4:11, 4:16, 5:18 2nd 20:13, 75:8 <hr/>3 3,445 9:8 3.3 59:3 30 4:11, 4:17, 5:19, 17:9, 59:10 31 55:10 325 19:13 330087 1:22 34 49:7 35 52:11, 59:15 3516 2:11, 5:11 36 61:13 37 61:14 3960 4:7 <hr/>4 4 4:17, 5:18 4.6 59:14 4.8 59:15 40 39:14 4111 75:10</p>	<p>412 3:13 45 66:12, 66:13 450 13:3 <hr/>5 50 48:22 50,000 34:13 525 2:8, 75:7 547 5:11 55 61:15 550 19:10 553 55:9 <hr/>6 62 61:12 62761 2:10, 75:9 65,000 34:12 6th 76:17 <hr/>7 700 9:15, 37:8 743 33:11, 38:1 75 15:4 76 1:23, 50:9 77 3:21 782 2:11, 5:11 785 75:10</p>	<hr/> 8 <hr/> 800 5:11 <hr/> 9 <hr/> 9 75:5 91 15:12, 16:17, 16:18
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