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# Transcript of Public Hearing

**Date:** October 29, 2020

**Case:** Mercy Hospital and Medical Center / In Re:

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
BEFORE HEARING OFFICER COURTNEY AVERY

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

- - - - - x

HEARING in accordance with requirements of the  
Illinois Health Facilities Planning Act  
Conducted Virtually  
Thursday, October 29, 2020  
1:01 p.m.

Job No.: 330088  
Pages: 1 - 63  
Reported By: Courtney Petros, RPR, CSR

1       PRESENT:

2               ILLINOIS HEALTH FACILITIES AND SERVICES

3               REVIEW BOARD, by

4               COURTNEY AVERY, Public Hearing Officer

5               GEORGE ROATE, Public Hearing Officer

6               MICHAEL CONSTANTINO, Public Hearing Officer

7               ANN GUILD, Compliance Manager

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L E T T E R S

(Attached to transcript.)

Mercy Letter 1

Mercy Letter 2

Mercy Letter 3

Mercy Letter 4

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P R O C E E D I N G S

HEARING OFFICER GUILD: Good afternoon.

My name is Ann Guild. I'm accompanied by Courtney Avery, Mike Constantino, and George Roate. We represent the Illinois Health Facilities and Services Review Board. We are here to conduct a public hearing on the proposed project known as Project No. 20-039, Mercy Hospital and Medical Center.

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

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

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

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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 "Notice: This hearing will be accessible  
20 to persons with special needs in compliance with  
21 pertinent state and federal laws upon notification  
22 of anticipated attendance. Persons with special  
23 needs should contact Courtney Avery at the Health  
24 Facilities and Services Review Board office by

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1 telephone at (217) 782-3516 (TTY # 800-547-0466  
2 for hearing impaired only) or by letter at least  
3 one week prior to scheduled hearing."

4 In addition to today's public hearing,  
5 there will be one additional opportunity for the  
6 public to present testimony. The second  
7 opportunity will also be via WebEx only. It will  
8 be held on Friday, October 30th from 10:00 a.m. to  
9 1:00 p.m. Please go to [hfsrb.illinois.gov](https://hfsrb.illinois.gov) for  
10 additional instructions.

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

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1           Those of you who have prepared text for  
2           your presentation may choose to submit the text  
3           without giving testimony. However, if you are  
4           giving oral testimony, please be as brief as  
5           possible. If you have not already submitted your  
6           written testimony, please submit it to  
7           dph.hfsrb.publichearings@illinois.gov.

8           To present oral testimony, please raise  
9           your hand and Courtney will call on you in  
10          alphabetical order. We can get started.

11          HEARING OFFICER AVERY: Okay. John,  
12          representative from Mercy, please begin.

13          MR. CAPASSO: Thank you, Courtney.

14          Good afternoon. My name is John Capasso.  
15          I serve as an executive vice president for Trinity  
16          Health. I want to thank the Review Board for the  
17          opportunity to testify on behalf of Mercy Hospital  
18          and Medical Center.

19          I'm here to encourage the Illinois Health  
20          Facilities and Services Review Board to support  
21          the certificate of need application. Mercy  
22          Hospital and Medical Center and Trinity Health  
23          Corporation have filed to transform care at Mercy  
24          from an inpatient model to an outpatient model and



1       discontinue services at Mercy Hospital.

2               Like many hospitals on the south side of  
3       Chicago, Mercy Hospital has faced financial  
4       turmoil for decades as the population in the area  
5       has declined, hospital reimbursements have  
6       decreased, and capital needs have increased  
7       exponentially. What's more, shifts in health care  
8       include trends away from inpatient services and  
9       toward outpatient services, and the large systems  
10      and academic medical centers, with new and updated  
11      facilities, to the north, south, and west of Mercy  
12      Hospital, continue to attract the greater share of  
13      patients.

14             Since purchasing Mercy Hospital in 2012,  
15      Trinity has significantly invested in the care and  
16      facilities needed by the community. Since April  
17      1, 2012, Trinity has invested more than \$124  
18      million in infrastructure improvements at Mercy  
19      Hospital and provided more than \$112 million in  
20      funding so Mercy Hospital could meet its  
21      short-term operating needs. Today, we face  
22      mounting monthly operating losses of \$4 million a  
23      month on top of an estimated \$100 million in  
24      capital investments that are needed in the next

1 five years to maintain a safe and sustainable  
2 acute care environment at Mercy.

3 We, along with our colleagues at Mercy,  
4 have worked hard to find a financially sustainable  
5 path. We remain disappointed that legislators did  
6 not approve our south side transformation plan to  
7 build three to six outpatient centers and one to  
8 two new state-of-the-art hospitals to better meet  
9 the needs of patients on the south side.

10 The disparate outcomes of health we see  
11 for patients on the south side makes clear that  
12 change needs to happen. With life expectancy  
13 rates that are 30 years lower on the south side  
14 than other parts of the city and higher incidence  
15 of everything from diabetes to high blood  
16 pressure, the status quo is simply not serving  
17 patients in our area. The communities served by  
18 Mercy Hospital desperately need more early  
19 detection and diagnosis of illnesses and diseases,  
20 better care coordination among a multitude of  
21 providers to better treat chronic diseases, and  
22 more cost effective and accessible urgent care and  
23 other outpatient services.

24 While we recognize that change is always

1 hard, we're also mindful of data from your Board  
2 that makes clear that one of the challenges the  
3 health system faces is that there are too many  
4 empty hospital beds on the south side. Today,  
5 only 52 percent of intensive care and 30 percent  
6 of acute care beds are occupied. Even after Mercy  
7 discontinues its services, there will still be 607  
8 empty hospital beds across the 8 other hospitals  
9 in the Mercy planning area. Furthermore, 58  
10 percent of patients leave the service area to  
11 receive care.

12 Trinity Health is a mission-oriented  
13 organization committed to being a compassionate  
14 and transformative healing presence in the  
15 communities we serve. Our plans include a  
16 commitment to ensure the Mercy legacy lives on  
17 with the outpatient care center at which we are  
18 proposing to offer urgent and diagnostic care, as  
19 well as care coordination that our community so  
20 badly needs.

21 I urge the Board's support of change that  
22 the south side so urgently needs and the  
23 certificate of need application we have filed.  
24 Thank you.

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1 HEARING OFFICER AVERY: Thank you. Next,  
2 we will have Representative Lamont Robinson.

3 (An off-the-record discussion was held.)

4 HEARING OFFICER AVERY: Representative  
5 Robinson?

6 REPRESENTATIVE ROBINSON: Good morning.  
7 Can you hear me?

8 HEARING OFFICER AVERY: Yes.

9 REPRESENTATIVE ROBINSON: Thank you to the  
10 members of the Board for giving me the opportunity  
11 to share my thoughts about Mercy Hospital with  
12 you. I am State Representative Lamont Robinson of  
13 the 5th House District which includes Mercy  
14 Hospital.

15 Many of Mercy's patients and its 1,700  
16 workers also live in my district. Mercy is a hub  
17 of health care and employment in the historic  
18 Bronzeville district of the south side of Chicago  
19 and has been over 100 years. In other words,  
20 Mercy's existence is of critical importance to me  
21 and to the people of my district.

22 Speaking for myself and for many of these  
23 people whose lives have been impacted by Mercy  
24 over the years as a health care provider and

1 employer, shock can describe how we felt when  
2 Trinity announced that intends to close Mercy in  
3 2021. We were shocked because Mercy is essential  
4 to the well-being of the people of Bronzeville and  
5 surrounding communities. It has one of the  
6 busiest emergency departments in the city with  
7 just over 50,000 visits a year. It had 350,000  
8 outpatient visits and nearly 12,000 hospital  
9 admissions in 2018.

10 At one point during the first spike of the  
11 COVID-19 pandemic, Mercy was one of three  
12 hospitals, down from seven a year earlier, which  
13 offered essential maternity services on Chicago's  
14 south side which already is a maternity care  
15 desert. We are shocked because Mercy's owner,  
16 Trinity Health, is a huge national company that  
17 includes 92 hospitals and 100 other locations with  
18 an annual operating revenue of \$18.8 billion and  
19 assets of \$30.5 billion. In addition, Mercy  
20 directly received nearly \$100 million in bonds  
21 from Illinois and Chicago that were given to  
22 transform the hospital into a coordinated  
23 person-centered system of health care and human  
24 services.

1           We were shocked because Trinity had  
2           announced a merger earlier this year to continue  
3           offering health care on the south side by merging  
4           three -- excuse me -- by merging with three other  
5           Chicago area hospitals, and, perhaps, build a new  
6           modern facility. For the merger, partners sought  
7           \$520 million in state funding from the  
8           legislature.

9           We were shocked because while I, along  
10          with many of my colleagues in the legislature,  
11          said no to a \$520 million grant because the merger  
12          plan lacked details. We had asked them to return  
13          with more of a comprehensive plan. Under the  
14          original proposal, there was no guarantee that  
15          Mercy would remain open or the new facility would  
16          be built in the same service area.

17          We had invited Trinity with other  
18          hospitals to return with a plan that contained  
19          these guarantees. We asked, was the hospital  
20          going to be in Bronzeville or Beverly? And,  
21          finally, we were shocked, because Trinity never  
22          responded to our plea to present their proposal  
23          with a guarantee or even to discuss so we might  
24          consider supporting the \$520 million grant

1 requested to help fund it.

2 Please let me be clear. Contrary to some  
3 reports about what happened in the spring, my  
4 colleagues and I were not opposed to the plan to  
5 merge Mercy with three other hospitals and build a  
6 new facility. We were opposed to authorizing the  
7 spending without guarantee that the new hospital  
8 would serve the poorest communities on the south  
9 side. Instead, rather than meet with the  
10 community leaders or agree to the changes we  
11 sought, the merger plan suddenly was called off,  
12 and Trinity announced that it would close Mercy.

13 Since that announcement, we've been  
14 experiencing some surprisingly, though no longer  
15 shocking, news. All of our attempts to talk to  
16 Trinity about keeping Mercy Hospital open have  
17 been rebuffed. An appeal from Governor Pritzker  
18 has gone unanswered, to my knowledge. Groups of  
19 doctors and investors have tried to put together  
20 deals to make -- to take over Mercy and keep it  
21 operating, but Trinity refuses to discuss any  
22 plans that we are aware of.

23 So where does this leave us? The south  
24 side of Chicago is already a health care desert in

1 many areas. Black Illinoisans suffer from chronic  
2 diseases such as diabetes, heart disease, lung  
3 disease, and high blood pressure in a number far  
4 higher than our percentage in the population.

5 But Chicagoans -- excuse me -- black  
6 Chicagoans, on average, live nine years less than  
7 white Chicagoans. On top of those realities, the  
8 COVID-19 pandemic is hitting people of color the  
9 hardest in Chicago, Illinois, and throughout the  
10 U.S. Mercy is one of the state's safety net  
11 hospitals, which as you well know, they're the  
12 largest population with the least ability to pay  
13 health services they need.

14 If Mercy closes, that would only put more  
15 pressure on the safety net hospitals to meet their  
16 needs. It would require the potential to travel  
17 greater distances to get their essential health  
18 care, and many will give up because it's too  
19 difficult. It was never the time -- now, it is  
20 certainly not the time to be cutting back on  
21 essential health care in an area and to a  
22 population that's already underserved. And if  
23 black lives matter, then black health care matters  
24 too.



1           I am asking the Illinois Health Facilities  
2   Review Board to reject the application for  
3   discontinuance of service by Mercy Hospital.  
4   Instead, on behalf of the residents of my district  
5   and all the patients who see Mercy Hospital as the  
6   closest and best source of health care, I urge you  
7   to use your good office to insist Mercy to remain  
8   open either under the existing owners or to the  
9   new owners who believe in Mercy's mission.

10           There are folks that -- organizations that  
11   want to acquire Mercy and continue to provide  
12   quality health care on the south side. Please  
13   keep Mercy open until a new buyer who wants to  
14   come in and continue to provide quality health  
15   care on the south side is in place. Thank you for  
16   the opportunity.

17           HEARING OFFICER AVERY: Thank you,  
18   Representative. Naomi, please proceed.

19           MS. FAULK: Hi. Can you hear me? Okay.  
20   Hi. My name is Naomi Faulk. I am a medical  
21   student at the University of Illinois. So when I  
22   heard about Mercy closing back in June, I was  
23   shocked and devastated. Honestly, I echo a lot of  
24   what Lamont had said, and it -- I mean, in the

1 middle of a pandemic, a vital health center on the  
2 south side and planning to close, especially when  
3 we know that the black community is dying at  
4 higher rates of COVID.

5 So I just wanted to start it off with  
6 saying that the move is purely financial. That's  
7 what I heard from the first presenter, the vice  
8 president, I believe. While he did bring up the  
9 fact that the community needs more health wise, I  
10 don't think that the solution is closing Mercy.  
11 Also, there was no proposed solution of what will  
12 then replace that infrastructure which we know is  
13 necessary.

14 In the past, this Review Board has  
15 approved the closing of multiple hospitals serving  
16 black and brown low-income communities including  
17 the West Lake, Metro South, and the Franciscan  
18 Health, and these closures we've seen are  
19 catastrophic consequences for those communities.  
20 Those communities which are black and brown no  
21 longer have access to those life-saving and  
22 life-enhancing care that they need.

23 So in the midst of a pandemic and the  
24 increased health risk of the virus and the

1 increased poverty levels that are brought on by  
2 the failure to help working people during this  
3 pandemic crisis, these hospitals are needed. We  
4 cannot afford to lose Mercy.

5 It's your job to not allow Trinity to  
6 close Mercy if the criteria aren't met for their  
7 application. And I want to lift up just one issue  
8 to you that if Trinity closes Mercy, it will mean  
9 a serious ICU bed shortage in the Chicago south  
10 side which is -- so, at this time, we are all  
11 aware of the shortage of ICU beds and how it has a  
12 life-and-death impact on these communities. And  
13 at a time when black and brown people are dying of  
14 this virus at higher numbers than everyone else,  
15 we cannot afford to lose any more ICU beds on the  
16 south side.

17 The administrative code that you work from  
18 says that Trinity has to show that closing won't  
19 have an adverse impact on access to care, and I  
20 think that this shows that it will. So just  
21 looking at the ICU bed shortages, you can see that  
22 letting Trinity close Mercy will have an adverse  
23 impact. People will die as a result of this. So  
24 it's time to enforce these codes and those

1 standards for black and brown and low-income  
2 communities just like we do for the other  
3 communities.

4 So as a future doctor and on behalf of my  
5 community and the patients that Mercy serves, I am  
6 asking you to please not let Trinity close Mercy.  
7 Trinity is a rich hospital system, and it's time  
8 that they put their care -- our care and our lives  
9 ahead of finances. And that's it.

10 HEARING OFFICER AVERY: Thank you,  
11 Ms. Faulk. Is Representative Hunter on?

12 (No response.)

13 HEARING OFFICER AVERY: Okay. I don't see  
14 any hands raised or any messages in the chat box  
15 to speak. If there's anyone that's waiting to  
16 speak, please raise your hand.

17 (No responses.)

18 HEARING OFFICER AVERY: All right. I will  
19 pause until I see someone's hand is raised or a  
20 message sent in the chat box to speak.

21 (A recess was taken.)

22 HEARING OFFICER AVERY: Okay. Janice  
23 Makela, you can proceed.

24 DR. MAKELA: Can you hear me?

1 HEARING OFFICER AVERY: Yes, we can.

2 DR. MAKELA: Perfect. Hi. My name is  
3 Dr. Janice Makela. I'm a hospice doctor working  
4 out of Chicago.

5 And, first of all, to address the issue of  
6 health care disparities, let me say that firsthand  
7 I see this as my daily life. I am no longer  
8 surprised by seeing black men and women die in  
9 their late 50s and early 60s of often diseases  
10 related to diabetes, hypertension, and late effect  
11 things such as strokes and heart attacks.

12 And so when I say that the health care  
13 disparities are real, this is not something  
14 abstract, this is something that is very, very  
15 real in terms of life expectancy. People are  
16 dying in their 60s, sometimes even their late 50s,  
17 of things that could have been treated if they had  
18 access to decent health care earlier in their  
19 life.

20 Second, I'm not going to go into a whole  
21 diatribe that everyone's talking about about the  
22 health care disparities in the area. I think this  
23 will be well expanded on by the time this is  
24 addressed, right? There's already people telling

1     you about how the south side of Chicago and all  
2     these areas are underserved and how -- because  
3     there's a lot of people who are on Medicaid and  
4     not private insurance that there's not a lot of  
5     health care systems willing to put up the money to  
6     help out. And even apparently when they get the  
7     money, they often aren't willing to be there. So  
8     I understand that.

9             But what I don't understand is this: We  
10    at Mercy are right south of the south loop. This  
11    entire neighborhood is changing. We have Hyde  
12    Park to our south, we have Bronzeville which is  
13    changing, and we have the south loop to our north.  
14    For all the talk of, oh, my gosh, we can't make  
15    money, and, oh, my gosh we're going to, you know,  
16    go broke because we're losing all this money, it  
17    kind of rings hollow. Because this is an area  
18    that while the immediate neighborhood on the south  
19    side has a lot of poor people who need help, this  
20    is also an area that has neighborhoods in very  
21    short distances, 911 distances, that have actually  
22    very well-insured, rich neighbors.

23             And I don't understand particularly  
24    Trinity, because I was at some point at one of

1 the, you know -- they bought out -- they have  
2 Loyola. And in -- then they had -- what they did  
3 was they bought out two other private hospitals,  
4 MacNeal and Gottlieb. And what they did was they  
5 branded them as Loyola at MacNeal and Loyola at  
6 Gottlieb. And so what you had was you had that  
7 name brand. And as odd as it may sound, but maybe  
8 not, right, that name brand means something to  
9 people and particularly people who have a choice,  
10 people who have insurance who say, where shall I  
11 get my elected hip transplant done at, people who  
12 can decide that are going to hang on to a certain  
13 name brand.

14 So Loyola has a certain name brand,  
15 because it's a tertiary care institution with an  
16 academic university, and they do a lot of things  
17 other places don't. So if you have a choice  
18 between community hospital X and community  
19 hospital that's associated with Loyola, and if you  
20 get really sick and you can get transferred to  
21 Loyola, you're going to go to that one.

22 What I don't understand is what if you  
23 actually -- why didn't they brand Mercy as Loyola  
24 at the Lake Shore, Loyola South Loop, Loyola

1     Bronzeville, and then -- Loyola at Mercy, right,  
2     and, you know, do the same thing they did with the  
3     west side hospitals of MacNeal and Gottlieb, and  
4     invest that, and then you would attract the people  
5     who had discretion to decide where they wanted to  
6     go. Because they'd say, oh, I want Loyola to do  
7     my hip surgery, I want Loyola to do my heart  
8     surgery.

9             And you would attract that money that  
10     would then offset the losses you would have for  
11     also serving the community. You would financially  
12     be open to pay the bills, but you would also be  
13     available for the poorer neighborhoods that need  
14     this place. And so the financial argument rings  
15     hollow to me. And I don't understand why they,  
16     you know -- when, in fact, they did, you know,  
17     with other community hospitals, you know, just  
18     branded it as Loyola and brought it into the fold.  
19     They didn't do that with Mercy which makes me  
20     wonder if they're acting in goodwill or not.

21             And so that's my question. Because, like  
22     I said, you're going to hear a lot of people talk  
23     about the health care disparities, and I have seen  
24     that firsthand. But the question is, why is it



1 not -- it's not financially feasible, they keep  
2 saying, but that doesn't make sense, because  
3 there's so much potential. And it seems like they  
4 -- it's not -- well, and so the question is -- so  
5 -- and if not Loyola, then why not let U of C buy  
6 it or Northwestern or any of these other main  
7 hospitals that might be able to do the same thing.

8 I can't imagine that they can't see that  
9 these neighborhoods to the north and east of us  
10 are changing and that there would be an economic  
11 boom for them down the road if they invest now. I  
12 mean, that's the financial argument. And so  
13 that's part of my question. I hope all that makes  
14 sense.

15 Thank you very much. Any questions?  
16 Anything I can -- I don't know. Thank you.

17 HEARING OFFICER AVERY: Thank you. We  
18 appreciate your comments.

19 DR. MAKELA: Thank you so much. You take  
20 care.

21 HEARING OFFICER AVERY: Thank you. You  
22 too. Have a good day.

23 Okay. I am scrolling through again. I  
24 don't see any hands raised. If there's anyone

1 that wishes to speak, you can either raise your  
2 hand or send a message in the chat box.

3 (No responses.)

4 HEARING OFFICER AVERY: Okay. Seeing  
5 none, I will pause the recording and watch for new  
6 attendees.

7 (A recess was taken.)

8 HEARING OFFICER AVERY: Okay. The  
9 recording is going. Please start.

10 MS. GREEN: Hi. My name is Donna Green,  
11 and I would like to speak against the closing of  
12 Mercy Hospital. With Trinity Health having  
13 billions of dollars, they can definitely afford to  
14 keep the hospital doors open.

15 HEARING OFFICER AVERY: Ms. Green, are you  
16 still there? Ms. Green?

17 MS. GREEN: Reject Trinity's application  
18 to close Mercy. Thank you.

19 HEARING OFFICER AVERY: Thank you.

20 (A recess was taken.)

21 HEARING OFFICER AVERY: Ms. Johnson,  
22 please proceed.

23 MS. JOHNSON: Hi. My name is Ackyra  
24 Johnson. I was -- I was going to speak about --

1 about the ob care. As a new mom, I can't tell you  
2 how scary it is to face the possibility of my baby  
3 not having access to qualified -- access to  
4 quality and affordable care. Mercy Hospital has  
5 provided care to over 1,500 mothers and their  
6 families in the last year. And if Mercy Hospital  
7 closes, me and my -- and many other mothers will  
8 not have a hospital to go to to give birth or care  
9 for our babies.

10 Making sure Mercy stays open will affect  
11 black and brown women who already face a much  
12 higher risk of death during childbirth. I'm  
13 asking you not to put any more pregnant women's  
14 lives on the lives. Do not set up more black and  
15 brown babies for sickness and death.

16 Trinity has billions in assets. It can  
17 afford to keep Mercy open. It can afford to do  
18 right by the pregnant mothers and babies of the  
19 south side, but it's choosing to close.

20 Please say no to this application to close  
21 Mercy. Our lives and our babies' lives depend on  
22 it. That is all.

23 HEARING OFFICER AVERY: Thank you.

24 (A recess was taken.)

1 HEARING OFFICER AVERY: Heather, go ahead  
2 and proceed with your statement, please.

3 MS. MCNABOLA: Hi. Do I need to say  
4 anything first?

5 HEARING OFFICER AVERY: State your name  
6 for the record.

7 MS. MCNABOLA: My name is Heather  
8 McNabola, H-E-A-T-H-E-R, M-C-N-A-B-O-L-A. And I  
9 would like to ask that the Board vote no on the  
10 closure of Mercy Hospital.

11 Mercy Hospital is owned by Trinity Health  
12 which is one of the largest health systems in the  
13 country. It's got over \$10 billion in assets, and  
14 I'm very concerned about the impact on the south  
15 side of Chicago. My understanding is that they  
16 had 300,000 outpatient visits last year and 50,000  
17 emergency department visits, and I just don't  
18 understand what Trinity Health thinks will happen  
19 to the community and to all of those people who  
20 use its services if it were no longer open.

21 It's the only hospital providing prenatal  
22 care to women on the south side. And Trinity  
23 Health admits that it would leave a deficit or a  
24 shortage of ICU beds on the south side. So for

1       that reason alone, the Board should deny Trinity  
2       Health the ability to close its hospital.

3               But, beyond that, I think to close a  
4       hospital in the midst of a pandemic is  
5       irresponsible and immoral, and it would continue  
6       to starve a predominantly black community of  
7       health care and access to health care, and that  
8       would be a continuation of a legacy of structural  
9       and institutional racism that I think this  
10      governing body should not allow.

11              And so for that reason, I would ask that  
12      the Board vote no on the Mercy closure.

13              HEARING OFFICER AVERY: Thank you for your  
14      comments.

15              MS. MCNABOLA: Thank you.

16              HEARING OFFICER AVERY: You're welcome.  
17      Have a good day.

18              MS. IRMER: Can folks hear me?

19              HEARING OFFICER AVERY: Yes. Please state  
20      your name for the record and spell it for the  
21      court reporter, please, Adrienne.

22              MS. IRMER: Sure. My name is Adrienne  
23      Irmer, A-D-R-I-E-N-N-E, I-R-M-E-R, and I am the  
24      AVP for external affairs with the Illinois

1 Institute of Technology.

2 Good afternoon, Chairwoman Savage, and the  
3 rest of the Illinois Health Facilities and  
4 Services Review Board. I admit it's a sad  
5 occasion for which I submit this public comment  
6 today.

7 The prospect of Mercy Hospital  
8 disappearing as a resource for our students and  
9 the entire Douglas community is deeply concerning.  
10 Illinois Tech has roughly 6,000 students who would  
11 be left without reasonable proximity to health  
12 care services while on or near campus. In fact,  
13 Mercy is the primary referral source for all  
14 medical and/or mental health needs that are beyond  
15 the capabilities of our student health and  
16 wellness center. This is not the total impact,  
17 however, considering that our university is part  
18 of a larger ecosystem, a whole community that  
19 would be left without equitable access to health  
20 services and emergency care.

21 Jurisdictions across the globe have faced  
22 unprecedented circumstances ushered in by the  
23 COVID-19 pandemic. This virus will be a certainty  
24 in all our lives for an indefinite amount of time.

1 It knows no age or race or creed, yet this virus  
2 is most dangerous to communities like Douglas  
3 where rates of hypertension, diabetes, asthma, and  
4 other comorbidities are higher than more affluent  
5 parts of this city.

6 Illinois Tech recognizes that decades of  
7 disinvestment in Chicago's south and west sides  
8 have led to these disparities in community health  
9 outcomes rendering potentially thousands at a  
10 higher risk of complications and even death due to  
11 COVID-19. In this context alone, it seems unwise  
12 that closing a safety net hospital like Mercy  
13 would even be on the table.

14 Let's for a moment imagine better days  
15 ahead when COVID-19 has been eradicated. While  
16 the rest of the city resumes business as usual,  
17 our neighbors in Douglas will still live with  
18 these health disparities. Our neighbors will  
19 still require ongoing care and, at the worst of  
20 times, emergency care.

21 How can a safety net hospital highly  
22 ranked by U.S. News and World Report in treating  
23 heart failure and COPD be deemed dispensable when  
24 the very essence of its classification makes it a

1 critical life-saving resource.

2 Illinois Tech stands with the medical  
3 professionals of Mercy Hospital, our neighbors,  
4 and our peers. We respectfully request the  
5 members of this body to vote no on the proposed  
6 closure of Mercy Hospital. Thank you for your  
7 time.

8 HEARING OFFICER AVERY: Thank you,  
9 Adrienne.

10 MS. IRMER: That concludes our statement.  
11 If you need a text version, if you put an e-mail  
12 in the chat, I'm happy to send that.

13 HEARING OFFICER AVERY: Sure. Thank you.  
14 I'll do that now.

15 Noah, please proceed with your comments.  
16 Thank you.

17 (No response.)

18 HEARING OFFICER AVERY: Noah, are you able  
19 to hear me?

20 (No response.)

21 (A short recess was taken.)

22 HEARING OFFICER AVERY: Okay. Please  
23 state your name and spell it for the court  
24 reporter and begin your comments.



1 MR. STIEGLITZ: Yeah. My name is Noah  
2 Stieglitz. That's, N-O-A-H, S-T-I-E-G-L-I-T-Z.

3 And, yeah, so I just want to say I'm a  
4 resident of Chicago. I'm kind of like Bridgeport,  
5 McKinley Park area, and I want to say, yeah, I  
6 live in Mercy Hospital's footprint, and I'm deeply  
7 disturbed by Mercy and the trend of other  
8 hospitals leaving the south side of Chicago,  
9 especially with Mercy. We shouldn't have to be  
10 having this conversation.

11 Trinity Health has the money to keep Mercy  
12 open, and this wouldn't be an issue if they cared  
13 about patients over profit. Mercy recorded over  
14 -- sorry -- Mercy recorded over \$4 million in  
15 excess revenue in 2020, and this is while Trinity  
16 claimed the hospital was losing millions. Trinity  
17 Health as a whole has over \$30 billion in assets  
18 this year, which included \$12 billion in  
19 unrestricted cash and investments. So it's not a  
20 problem with the money -- or they could afford to  
21 keep this hospital open, and they're trying to  
22 convince us that it's just not even feasible.

23 And I really just think we can't keep  
24 taking away hospitals from the south side of

1 Chicago. These are the hospitals that are needed  
2 the most. These are the neighborhoods and the  
3 communities, mostly of black and brown people,  
4 that need these hospitals. Mercy Hospital has  
5 been an invaluable resource to thousands of  
6 primarily black and brown Chicagoans. Trinity  
7 Health knows this, they can afford to keep the  
8 hospital open, and they don't care.

9 And for this reason, I'm urging the Board  
10 to vote no on the Mercy Hospital closure. Thank  
11 you.

12 HEARING OFFICER AVERY: Thank you, Noah.  
13 Is there anyone else that would like to provide  
14 testimony? If so, please raise your hand or send  
15 a message in the chat box. Thank you for your  
16 patience.

17 (A recess was taken.)

18 HEARING OFFICER AVERY: Spell your first  
19 and last name for the court reporter, please.

20 MS. CAVERL: Yes. My first and last name  
21 -- my first name, M-A-R-T-I-N-E, my last name,  
22 C-A-V-E-R-L.

23 HEARING OFFICER AVERY: Martine, you may  
24 proceed with your statement.

1 MS. CAVERL: Okay. So I am calling in  
2 today to urge the Board to keep Mercy Hospital  
3 open and commit to robust investment in our health  
4 care infrastructure in the state of Illinois.

5 I don't have a personal interest in Mercy  
6 apart from being a resident of the south side and  
7 someone that uses the hospital. I am a registered  
8 nurse, though I don't work at Mercy. I believe  
9 that Mercy is an essential resource to our  
10 community. I know that they're -- for example, I  
11 know many people who have used the services. Like  
12 I said, I have used the emergency room before.

13 And, you know, one thing that is really important  
14 is to have quality health care for our residents.

15 I think that the Board is well aware of  
16 the disparities as far as life expectancies as far  
17 as chronic illnesses that cause suffering for  
18 south side residents. I think that they're aware  
19 -- I think that they're aware that resources at  
20 this time -- public resources are few in terms of  
21 where they're invested. I think that you can  
22 absolutely find ways to fund a very good, quality  
23 health care infrastructure that creates equity for  
24 people. And part of that has to be investing in

1 resources for the residents of Illinois that have  
2 mostly been impacted. In order to create a good  
3 quality of life for our residents, we need to have  
4 a good, quality health care infrastructure.

5 The plans to close Mercy, possible plans  
6 to close Provident, plans to merge hospitals that  
7 are -- in another place would be cities apart from  
8 each other. The south side is the biggest part of  
9 the city. I think we might be the most populated  
10 part of the city. We are losing -- we are  
11 actually losing residents. I'm not sure if the  
12 plan is to increase the number of people who are  
13 fleeing the south side, but lack of access to  
14 community hospitals is definitely something that  
15 would make people think twice about wanting to  
16 live here.

17 And I don't know if that's the intention.  
18 But if that's not the intention, if the intention  
19 is to actually improve the quality of life of  
20 people who do live here, closing hospitals needs  
21 to not be on the agenda. All right. So that's my  
22 testimony. Leave Mercy Hospital open.

23 HEARING OFFICER AVERY: Thank you,  
24 Ms. Martine. We appreciate your participation

1 today.

2 (A recess was taken.)

3 HEARING OFFICER AVERY: Okay.

4 Mr. Wellington Thomas, please state your name and  
5 spell it for the court reporter and begin with  
6 your testimony. Thank you. I apologize,  
7 Mr. Thomas, if you started speaking, please start  
8 over. I forgot to unmute your microphone.

9 MR. THOMAS: Can you hear me now?

10 HEARING OFFICER AVERY: Yes. Please spell  
11 your name for the court reporter and begin with  
12 your testimony. Thank you.

13 MR. THOMAS: No problem. My name is  
14 Wellington Thomas, first name is Wellington,  
15 W-E-L-L-I-N-G-T-O-N, last name is, Thomas,  
16 T-H-O-M-A-S. I am currently --

17 HEARING OFFICER AVERY: Excuse me.  
18 Mr. Thomas, we're only getting every other word.  
19 Can you start over from the beginning and speak  
20 clearly into the receiver or your speaker?

21 MR. THOMAS: Sure. My name is Wellington  
22 Thomas. Wellington, W-E-L-L-I-N-G-T-O-N, last  
23 name is Thomas, T-H-O-M-A-S.

24 I am an emergency department tech at a

1 community hospital on the west side at Loretto  
2 Hospital. I'm also an SEIU executive board member  
3 under health systems. Can you hear me clearer  
4 this time?

5 HEARING OFFICER AVERY: Yes, we can hear  
6 you.

7 MR. THOMAS: Okay. Great. So my  
8 testimony starts off as follows: I am an ER tech  
9 and I also work in an ambulance as an EMT  
10 throughout the Chicagoland area.

11 One thing about Mercy Hospital is that  
12 people go there because they can't afford to go to  
13 other emergency rooms or it's the closest hospital  
14 towards them. People go there because their lives  
15 are at risk, because they're in serious pain,  
16 because they're desperate and scared, and they  
17 don't have any other resources close to them to go  
18 get the needed -- the treated care that they need  
19 at that time.

20 One thing that is noted is that they also  
21 see over 50,000 emergency room visits per year,  
22 and that's a lot of people that won't have nowhere  
23 else to go if Mercy Hospital closes down. In the  
24 ambulance, one of the critical things I talk about

1 is -- two things, it's the golden hour when a  
2 person gets ill and for them to get to the nearest  
3 emergency room and also transport time going to  
4 the emergency rooms.

5 For Mercy, there is maybe two hospitals  
6 close to it, and it would be University of Chicago  
7 which is another 11 minutes, and Northwestern  
8 which is 13 minutes on the opposite side. If  
9 Mercy closes, that puts more strain on EMS to do  
10 more transport time with patients, taking them out  
11 of service, because we have to get those patients  
12 to these other hospitals. Also, we have to get  
13 back in service to get back in the areas where we  
14 can still treat other patients.

15 If Mercy closes, this will definitely put  
16 a strain on EMS, it will put a strain on  
17 hospitals, because now they have to take over more  
18 loads of work especially during this time of COVID  
19 that's happening as we speak. And most people  
20 have talked about the (inaudible) which is  
21 possibly -- which we already see as far as COVID.

22 The question is (inaudible) --

23 THE REPORTER: Mr. Thomas, this is the  
24 court reporter. You're just breaking up a little

1 bit. Can you just make sure you're speaking into  
2 your phone?

3 MR. THOMAS: Okay. Is this better right  
4 here?

5 THE REPORTER: That's better. Thank you.  
6 Sorry for interrupting.

7 MR. THOMAS: No problem.

8 So where is all these thousands of people  
9 going to go because Mercy Hospital closes down?  
10 Most people will either risk staying at home and  
11 dying, some people will actually die on transport,  
12 which me being an EMT, I've experienced several  
13 people who have died on me because of long  
14 transport times.

15 I feel that the Board has a responsibility  
16 to say no to Mercy Hospital being shut down and  
17 denying the Trinity application, because 50,000  
18 people will definitely suffer.

19 One thing I also want to point out is that  
20 there's several large events around Mercy Hospital  
21 such as we have one event that is the Bank of  
22 America Marathon that Mercy is usually a huge hub  
23 to that event. You have McCormick Place that's  
24 right down the street. That facility sees



1 millions of people through that facility per year.  
2 You have Soldier's Field, you have the museum  
3 campuses. Those are very key -- big events that  
4 the city hosts in those facilities, and Mercy  
5 Hospital has been the facility of choice for those  
6 people because, A, that's the closest facility for  
7 them to go, and, B, they're taking care of  
8 patients.

9 One other thing I want to say, and I can't  
10 stress it more and more -- or it's hard to stress  
11 it, the fact that if this hospital closes, people  
12 are going to die. It's our job to save as many  
13 lives as possible, especially as we're facing this  
14 pandemic, it's just going to get worse. As we see  
15 right now to this day, the pandemic has gotten  
16 worse and worse and worse. And what can you say  
17 about this? What is the responsibility of the  
18 state? It's their responsibility to save lives.  
19 We've shut down several events. We've shut down  
20 -- we've closed doors to restaurants to try to  
21 save lives. We need to make sure we keep every  
22 available resource, medical personnel to keep our  
23 families, our loved ones safe, and to make sure  
24 they're able to be treated with all of the

1 available resources, not shutting down in the  
2 middle of the pandemic.

3 Once again, I do plead for them to deny  
4 this request to shut down this hospital.

5 HEARING OFFICER AVERY: Thank you,  
6 Mr. Walker [sic], for your comments.

7 MR. THOMAS: Thank you.

8 HEARING OFFICER AVERY: Ms. Pearson,  
9 please state your name and spell it for the court  
10 reporter and begin your remarks.

11 MS. PEARSON: LeChrisha,  
12 L-A-C-H-R-I-S-H-A, Pearson, P-E-A-R-S-O-N.

13 Hello, my name is LeChrisha Pearson, and I  
14 am a certified nursing assistant for over ten  
15 years at Mount Sinai Hospital. In 2018, Mercy had  
16 over 350,000 outpatient visits. Let that sink in  
17 for a moment. Over 350,000 visits. That's  
18 hundreds of thousands of visits, even if some of  
19 the patients served went more than once, and some  
20 did go multiple times, because most of them don't  
21 have anyplace else to receive or have access to  
22 health care.

23 Let me tell you a little something about  
24 the kinds of patients who need to go to Mercy for

1 outpatient visits. They are low-income black and  
2 brown people who don't have access to health  
3 insurance or other health care. They tend to have  
4 diseases related to poverty and working hard jobs  
5 like diabetes, heart disease, cancer that gets  
6 diagnosed later than it should, mental health, and  
7 substance abuse issues.

8 Patients like my mother, a 71-year-old  
9 retired black woman who lives on a fixed income.  
10 My mother suffers from congestive heart failure  
11 and has been a cardiac patient of Mercy's for over  
12 ten years. Mercy is a lifeline for my mother and  
13 for many patients like her. Every day now, Mercy  
14 is saving lives, more lives than ever in the midst  
15 of this pandemic. You don't let rich hospital  
16 systems with billions in assets to close down a  
17 lifeline, not before a pandemic, not during a  
18 pandemic, and not after one, if that -- we ever  
19 get there.

20 That is why I'm here asking to reject  
21 Trinity's application to close Mercy for people  
22 like my mother and other patients. Thank you.

23 HEARING OFFICER AVERY: Thank you,  
24 Ms. Pearson.

1 Anne Igoe, please state and spell your  
2 name for the court reporter and begin your  
3 comments.

4 MS. IGOE: Hi. My name is Anne Igoe,  
5 spelled, A-N-N-E, last name, I-G-O-E. Go ahead?

6 HEARING OFFICER AVERY: Yes. Please  
7 proceed.

8 MS. IGOE: Okay. So, again, my name is  
9 Anne Igoe. I serve as our vice president of  
10 hospitals for SEIU health care Illinois, Indiana,  
11 Missouri, and Kansas. SEIU health care represents  
12 more than 5,000 hospital workers in the Chicago  
13 and northwest Indiana area.

14 As a union committed to health justice, we  
15 are deeply troubled by Trinity Health's decision  
16 to shutter Mercy Hospital and Medical Center which  
17 has provided critical health care services to  
18 Chicagoans for more than 150 years.

19 We assert that the Health Facilities  
20 System Review Board must reject Trinity Health's  
21 CON application seeking permission to close Mercy  
22 Hospital because the application is noncompliant  
23 with multiple review criteria enumerated in the  
24 Illinois Public Health Code. According to the

1 Code, an applicant seeking permission to  
2 discontinue a health service or health care  
3 facility must articulate a reason for  
4 discontinuation. Acceptable reasons include  
5 insufficient volume, demand, inadequate staff,  
6 noncompliance with licensing or certification  
7 standards, and economic infeasibility or financial  
8 unviability.

9 Trinity Health claims in its own CON  
10 application that Mercy Hospital is not  
11 economically sustainable or feasible. This claim  
12 is absurd on its face. Trinity Health, by its own  
13 admission, is one of the largest Catholic health  
14 care delivery systems in the nation operating 92  
15 hospitals in 22 states, including the three Loyola  
16 medicine hospitals in the west suburbs.

17 Trinity is also an extremely wealthy  
18 health system. At the conclusion of fiscal year  
19 2020, Trinity Health had 30.4 billion in assets,  
20 including a staggering 19 -- 11.9 million in  
21 unrestricted cash and investments, much of it  
22 stashed in offshore accounts. Trinity has the  
23 resources to save Mercy. It is preposterous to  
24 suggest otherwise.

1 Trinity also claims on its application  
2 that Mercy is losing 4 million a month. However,  
3 in Trinity Health's recently released 2020  
4 consolidated financial statement, this has proven  
5 not to be true. According to its financial  
6 statement, Mercy had in excess revenue over  
7 expense of over 4.1 million in fiscal year 2020,  
8 and Trinity wants us and the Board to believe that  
9 Mercy is financially nonviable. There is no  
10 financial hardship. This is deception, plain and  
11 simple.

12 The fact is, Trinity is looking for an  
13 excuse to abandon a critical safety net facility  
14 serving primarily low-income communities and  
15 communities of color because it is insufficiently  
16 possible. Again, I want to repeat that last year  
17 Mercy had \$4 million in revenue over expenses.

18 Additionally, the majority of patients who  
19 utilize Mercy Hospital are patients of color and  
20 Medicaid patients. The majority of patients who  
21 utilize Trinity's facilities in the suburbs are  
22 not people of color but rather majority white. So  
23 Trinity has made the decision to close its  
24 hospital that primarily serves people of color and

1 primarily serves Medicaid patients despite making  
2 a -- whatever you want to refer to it -- profit or  
3 revenue over expenses of 4 million last year.

4 The Health Facilities Systems Review Board  
5 has a responsibility to not allow Trinity to close  
6 this facility. In addition to failing to  
7 demonstrate financial hardship, Trinity's CON  
8 application concedes that closing Mercy will  
9 create an ICU bed deficit on Chicago's south side  
10 during a pandemic.

11 Mercy currently operates a 30-bed ICU that  
12 cares for thousands of patients admitted from the  
13 hospital's busy emergency department each year.  
14 As Wellington and LeChrisha both referred to their  
15 50,000 ER visits a year.

16 Upon discontinuation, the Mercy  
17 application states, Hospital planning area A-03,  
18 which encompasses the south side of Chicago, will  
19 have 232 beds available. Again, the requirement  
20 for this service area is 251 beds which means with  
21 Mercy shutting down and removing those 30 beds  
22 they will be at a deficit of 19 ICU beds.

23 In other words, the south side will have  
24 19 fewer ICU beds than the Health Facilities

1 Systems Review Board has deemed necessary to  
2 handle the expected patient load. This could  
3 result in negative outcomes for critically ill or  
4 injured patients, including, and, specifically, I  
5 want to point out here, COVID-19 patients. And  
6 this lack of beds will lead to what previously  
7 could have been a preventable death.

8 It is also noncompliant with HFSRB's  
9 regulations which require that the discontinuation  
10 of a health care service or facility must not have  
11 an adverse impact on access to care. The public  
12 health code lists creating or increasing a  
13 shortage of beds or services as calculated in the  
14 inventory of health care facilities as a factor  
15 that indicates an adverse impact upon access to  
16 service.

17 Trinity's plan to close Mercy is clearly  
18 noncompliant with this provision. The HFSRB has  
19 an obligation to reject this application. Trinity  
20 Health has the resources to continue operating  
21 Mercy indefinitely and acknowledges that closing  
22 the hospital will create an ICU bed deficit on the  
23 Chicago south side. But Trinity has chosen to  
24 prioritize profit over patient care and offshore



1 investments over needy communities. The Board has  
2 the power to stop this.

3 We demand that the Board reject the  
4 application for permit No. 20-039 and prevent  
5 another greedy out-of-state health system from  
6 abandoning Chicago's communities of color. I will  
7 e-mail this along with several fact sheets  
8 concerning Trinity's application and information  
9 included in there. Thank you.

10 HEARING OFFICER AVERY: Thank you for your  
11 comments.

12 Delois Willis, please state your name and  
13 spell it for the court reporter and proceed with  
14 your comments.

15 MS. WILLIS: My name is Delois Willis.

16 HEARING OFFICER AVERY: Please proceed.

17 MS. WILLIS: My name is Delois Willis. I  
18 am a registered nurse here at Mercy Hospital, and  
19 I have been working here for 39 years. And this  
20 hospital has been doing a great job helping people  
21 who didn't have money for their medicine,  
22 transportation, getting to the hospital, getting  
23 home, just a lot of things, and getting them into  
24 programs to help them to better their lives. And

1 sometimes they would come here, be homeless, we  
2 would take care of them, get a social worker  
3 involved, and get them on their feet so they can  
4 function independently.

5 I would hate very much for this hospital  
6 to close. It's been a God-sent place for a lot of  
7 indigent patients. And when Sister Sheila was  
8 here, I remember one time there was lady that  
9 worked here and she was diagnosed with a lump in  
10 her breast, and she went to County, and the  
11 waiting list for her to get a mammogram was about  
12 a year. So I went to Sister Sheila, and I  
13 informed her about the lady and what she had told  
14 me. So Sister got the lady's phone number, and  
15 what she did was she got about 1,000 patients on  
16 that list to come over here and get a mammogram  
17 done free.

18 So there's a lot of things that was done  
19 here at this hospital that people are not aware  
20 of. Like if you didn't have medicine and you  
21 needed chemo, they'd figure out a way for you to  
22 get it, and so forth and so on. So I'm just  
23 really sad that it's a possibility that this  
24 hospital will close.

1 HEARING OFFICER AVERY: Thank you for your  
2 comments, Ms. Willis.

3 MS. WILLIS: Thank you.

4 HEARING OFFICER AVERY: You're welcome. I  
5 see that there are other attendees that have  
6 joined us. If you would like to provide  
7 testimony, please raise your hand or send a  
8 message via the chat box. Thank you.

9 (No responses.)

10 HEARING OFFICER AVERY: Ann Guild, will  
11 you please proceed with closing comments? Thank  
12 you. Ann, I apologize if you were speaking, I had  
13 you muted. Please proceed.

14 HEARING OFFICER GUILD: Is there anyone  
15 else who wishes to testify who has not had an  
16 opportunity.

17 (No responses.)

18 HEARING OFFICER GUILD: Hearing none, is  
19 there anyone who has testified who wishes to  
20 provide additional testimony? I would remind  
21 everyone to submit your written comments.

22 HEARING OFFICER AVERY: Ann --

23 HEARING OFFICER GUILD: Excuse me?

24 HEARING OFFICER AVERY: Ann Guild, excuse

1 me. Give me one second. Let me scan to make sure  
2 no one has raised their hand or sent a comment to  
3 the chat box.

4 HEARING OFFICER GUILD: Okay.

5 HEARING OFFICER AVERY: Thank you.

6 HEARING OFFICER GUILD: Continue?

7 I would remind everyone to submit your  
8 written comments to us so we can have this  
9 information for the record. Transcripts and  
10 written comments will be made available to all  
11 Board members.

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

19 The State Board will post its findings in  
20 a State Board staff report. The report will be  
21 made available on HFSRB's website on December 1,  
22 2020. The public may submit written responses in  
23 support of or in opposition to the findings of the  
24 Illinois Health Facilities and Services Review

1 Board. Comments on the State Board staff report  
2 are due December 7, 2020, by 9:00 a.m. Any  
3 comments can be sent to: The Illinois Health  
4 Facilities and Services Review Board, 525 West  
5 Jefferson Street, 2nd Floor, Springfield, Illinois  
6 62761. If you prefer, you may e-mail your  
7 comments to [dph.hfsrb.publichearings@illinois.gov](mailto:dph.hfsrb.publichearings@illinois.gov).  
8 This public hearing is now adjourned. Thank you.

9 (Off the record at 3:51 p.m.)  
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1 SUBMITTED WRITTEN TESTIMONY - VIA EMAIL

2 MR. DEL SALTO: To those concerned, I have  
3 never had to go to Mercy Hospital but I have  
4 always been glad to know there is a hospital in my  
5 neighborhood just in case. But now due to the  
6 Covid-19 situation many of us might need a nearby  
7 hospital in the near future. It seems really  
8 inappropriate to close any hospital during a  
9 public health emergency - earlier this year  
10 McCormick Place was turned into a hospital just in  
11 case and now the coronavirus situation is getting  
12 really bad again and we are about to lose our  
13 hospital? There are not that many hospitals on  
14 the South Side as it is. Please keep Mercy  
15 Hospital open! Thank you.

16 MS. WILLS: My name is Heather Wills and I  
17 am against the closing of Mercy Hospital. I am  
18 contacting you because Trinity wants to believe a  
19 lie-Trinity wants you to think that their health  
20 system is poor-too poor to be able to afford to  
21 keep Mercy open.

22 Poor is struggling to pay the rent, put  
23 food on the table and struggling to get the  
24 healthcare you need to keep you and your family

1 healthy. Trinity doesn't know anything about  
2 being poor since Mercy recorded over 4 million in  
3 excess revenue over expenses in 2020, after  
4 Trinity claimed the hospital was losing millions.  
5 And Trinity, which owns and runs Mercy, reported  
6 having over \$30 billion—yes, that's BILLION with a  
7 B—in assets earlier this year, that included  
8 nearly \$12 Billion in unrestricted cash and  
9 investments—meaning money they can use however  
10 they want. I know you don't think \$12 billion to  
11 do what you want is poor. Not one of us will ever  
12 see \$12 billion in our life!

13         So if money isn't the issue, then it is  
14 obvious that Trinity just doesn't want to use that  
15 money to keep Mercy open. So on behalf of all the  
16 people whose health and lives depend upon Mercy  
17 staying open, I ask you to reject Trinity's  
18 application to close the hospital. They can  
19 afford to keep it open, and the people of the  
20 South Side can't afford for the hospital to close.

21         MS. LYNCH: Dear Governor, I am a  
22 registered nurse. Mercy Hospital, where I worked  
23 for forty years before I retired is slated to  
24 close next year. The people of Bronzeville,

1 Bridgeport, Canaryville and Chinatown do not need  
2 an outpatient center, as has been proposed to  
3 replace it. They need an inpatient, fully  
4 functioning hospital. There is not enough  
5 capacity in the hospitals remaining to accommodate  
6 these people.

7 Many of the people I care for were  
8 elderly, had chronic conditions, had little  
9 support from family or friends. Many lived alone.  
10 Many of them have to take the bus or a medicar to  
11 get to the hospital. Having the place they've  
12 depended on for their healthcare is not just an  
13 inconvenience to them. Many of these people have  
14 lives affected by poverty, and discrimination.  
15 Their neighborhoods can be unsafe. Some of them  
16 don't have a loving family member, a friendly  
17 neighbor, a loyal friend to help them and look  
18 after them if they become ill or have surgery or a  
19 procedure. I've seen this, and it's so sad.  
20 Mercy Hospital was one constant in their lives and  
21 now it's being taken away from them, in the middle  
22 of a pandemic. It's so unfair.

23 The emergency department at Mercy saw over  
24 50,000 visits last year. Where are all these



1 people going to go? Most sincerely, Patricia  
2 Lynch, BSN RN.

3 DR. CLINTON: To whom this may concern:  
4 As an Emergency Medicine physician who works and  
5 trained at Mercy Hospital, we are all displeased  
6 by the current decision of the administration to  
7 close this hospital. I have served thousands of  
8 patients from the community who I often wonder  
9 what would have happened had they not been able to  
10 walk to the hospital, take public transportation  
11 here or if their ambulance ride had been 15-20  
12 minutes longer. We are a stroke center, STEMI  
13 center, cancer center, have an excellent intensive  
14 care unit, surgery center and psychiatric  
15 hospital. All of these components are vital to  
16 the community of Bronzeville and the south side of  
17 Chicago.

18 The surrounding hospitals are already  
19 hounded by crowding in the ER. It is common that  
20 I hear from patients that they were "waiting 8  
21 hours at U of C in the waiting room and then  
22 decided to leave" or that most of the other  
23 hospitals are far from them.

24 I was really taken aback recently when one

1 of my older patients, recently widowed and his  
2 daughter who committed suicide, who receives all  
3 his care from Mercy said he couldn't afford the  
4 parking at RUSH for one of his specialist visits.  
5 Coming to Mercy is easy for him, as it is closer  
6 to his house, parking is free, the hospital is  
7 smaller thus more manageable for the older  
8 population. He often gets lost when attending  
9 visits at RUSH. Another notable patient visit was  
10 an older woman, we'll known amongst community, who  
11 lives in Bronzeville, she commonly receives care  
12 at Mercy and is worried for her fellow elderly  
13 friends. Bronzeville has the most senior  
14 buildings in the city and thus Mercy serves a  
15 pertinent role for this population.

16 We receive thousands of ambulance visits  
17 per year, I'm not sure how the rest of the Chicago  
18 hospitals can absorb this volume. The closest  
19 other hospitals are on average 15-20 minutes  
20 further by EMS; critical heart attacks, strokes,  
21 and cardiac arrests this time is invaluable. This  
22 could mean life vs death or life vs significant  
23 disability. Having worked at other hospitals  
24 across the city where waiting rooms commonly have

1 30+ patients waiting, taking away Mercy is only  
2 going to make this worse. We see approximately  
3 50,000 ER visits a year.

4 Also, in terms of training, Mercy has been  
5 a major training site for future physicians.  
6 Hosting a hundreds of residents per year in fields  
7 of internal medicine, obstetrics and gynecology,  
8 general surgery, podiatry, radiology and emergency  
9 medicine, the loss of this site would be  
10 devastating and hurt the medical community.

11 I am advocating for the members of the  
12 Board to revoke this decision and keep The Spirit  
13 of Mercy alive. The patients and community  
14 desperately need this hospital! I hope to  
15 continue serving this community in the future and  
16 for years to come. Respectfully, Dr. B. Colleen  
17 Shields Clinton, Attending Emergency Medicine  
18 Physician.

19 DR. TEE: I hope HFSRB will denial the  
20 permit to close Mercy Hospital. Thank you so  
21 much. KKTee. Dr. Kim K. Tee.

22 MERCY NURSE ADVOCATE: To Whom It May  
23 Concern: The American Nurse's Association  
24 believes that advocacy is a pillar of nursing. I

1 am writing this letter not only as a concerned  
2 citizen but as an advocate for our patients.

3 I have been a registered nurse for more  
4 than 25 years. I do not speak as a representative  
5 of Mercy Hospital or the Trinity Health Care  
6 Corporation. I speak for the patients, and they  
7 have asked me what can be done about the hospital  
8 closing. Sadly, I have no answer for them.

9 What I do know is that our patients do not  
10 want another outpatient facility. In the  
11 certificate of need application, Trinity Health  
12 stated that based on their community needs  
13 assessment, the area would benefit from an  
14 outpatient center that would serve around 50,000  
15 people annually. The center would offer CT, MRI,  
16 X-ray, Ultrasound, Mammography, Echo, Urgent care,  
17 and specialty care coordination. All of these  
18 services are already accessible to the community.  
19 Advocate's Outpatient Center is a three-minute  
20 walk from Mercy Hospital. Rush has a new center  
21 22 blocks away, and according to a recent  
22 Sun-Times article Northwestern Hospital plans to  
23 build another outpatient facility on 31st street.  
24 A glaring issue in Trinity's plan is that it

1 doesn't include an Emergency Room.

2           Mercy Hospital is a level two trauma  
3 center, the only one within a 5.5-mile radius. In  
4 the past, Mercy has served over 52,000 people in  
5 the ER alone. With crime rates and gun violence  
6 on the rise in the city of Chicago, the loss of  
7 another emergency room on the Southside is nothing  
8 short of criminal. On top of this, we are closing  
9 during a pandemic.

10           The assessment tool used to gather the  
11 information contained in the needs assessment is  
12 conducted by the Alliance for Health Equity of  
13 Illinois. This organization consists of 37  
14 hospitals, including Mercy, that pay for their  
15 services. According to the website, Mercy  
16 Hospital's assessment consisted of 5,934  
17 participants answering a 16-question survey. The  
18 assessment report states that Mercy serves 80% of  
19 patients in 20 zip codes. The 60605 zip code  
20 alone has 32,000 people listed in the 2010 census  
21 report - which means 80% of roughly 600,000 people  
22 were represented by five thousand people. These  
23 numbers don't seem to give any strength to the  
24 assessment.

1           There are too many patients who continue  
2           to remain unrepresented. According to Chicago's  
3           Citywide Literacy Coalition, an estimated 882,000  
4           or 30% of adults in Chicago have low-to-basic  
5           literacy skills. Over half of my patients fit  
6           into this category. It is preposterous to believe  
7           that they could have been included in the  
8           participants surveyed for the assessment.

9           Access to services not provided by an  
10          outpatient center will be another huge obstacle  
11          for patients. The majority of them use public  
12          transportation and will not be able to travel to  
13          the other hospitals easily, especially during  
14          Chicago's frigid winters and the intense heat that  
15          comes during summer months - not to mention during  
16          the ongoing pandemic. These obstacles will lead  
17          to a delay in care. Patients will not reach out  
18          for help until their sickness overtakes them. A  
19          majority of patients we serve will end up at the  
20          already overburdened Cook County Health system.  
21          The long wait times will be a deterrent for  
22          patients and they will go untreated. We need a  
23          full functioning hospital in this neighborhood.

24          I am not unrealistic. There is a lot of

1 work to be done here, but I believe we can do this  
2 with a viable plan, proper management, and  
3 financing.

4           There are true heroes here at Mercy  
5 Hospital. The sign hangs on the door to remind  
6 everyone outside that "We Love Our Heros". I know  
7 it firsthand. On November 19th, 2018, when a  
8 gunman opened fire and killed three people at the  
9 hospital before turning the gun on himself, these  
10 same heroes were there to save lives. Only we who  
11 were there know the stories of heroic acts carried  
12 out by not only doctors and nurses, but by all  
13 employees at Mercy.

14           To reward us with the shuttering of our  
15 beloved hospital would be heartbreaking not only  
16 for staff but the wider community the hospital  
17 serves. We care about patients here. Allow us to  
18 continue on with our 185-year-old legacy of caring  
19 for the poor and underserved. Please find a way  
20 to make us viable again. Thank you for your  
21 attention, A Mercy Nurse Advocate.

22  
23  
24

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 29th 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



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