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Transcript of Public Hearing

Date: October 30, 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. :

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HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Conducted Virtually
Friday, October 30, 2020
10:06 a.m.

Job No.: 330089
Pages: 1 - 61
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 MICHAEL CONSTANTINO, Public Hearing Officer

6 ANN GUILD, Compliance Manager

7 525 West Jefferson Street

8 Second Floor

9 Springfield, IL 62761

10 (217) 782-3516

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C O N T E N T S

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A D D I T I O N A L

L E T T E R S

(Attached to transcript.)

AFC Mercy Hospital Advocacy Letter

CDPH Mercy Hospital Statement

Schusteric Letter

Opposition Letters

Support Letters

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

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

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

18 To those of you who have prepared text for
19 your presentation, may choose to submit that text
20 without giving testimony. However, if you are
21 giving oral testimony, please be as brief as
22 possible. If you have not already submitted your
23 written testimony, please submit it to
24 dph.hfsrb.publichearings@illinois.gov.

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1 To present oral testimony, please raise
2 your hand or send a message using your chat box,
3 and Courtney will call on you in alphabetical
4 order. At the beginning of your testimony, please
5 remember to say and spell your name for the court
6 reporter. You can proceed.

7 HEARING OFFICER AVERY: Okay. We'll start
8 with Ms. Tamieka Jones. I will unmute you now.
9 Okay. Tamieka, please feel free to start.

10 MS. JONES: Okay. I'm sorry. Give me one
11 second, please.

12 HEARING OFFICER AVERY: Sure.

13 MS. JONES: Give me one second.

14 HEARING OFFICER AVERY: Ms. Gloria
15 Johnson, would you like to give testimony?

16 MS. JOHNSON: Correct. Is everyone able
17 to hear me?

18 HEARING OFFICER AVERY: Yes, we are.

19 MS. JOHNSON: So my name is Gloria Johnson
20 spelled, G-L-O-R-I-A, J-O-H-N-S-O-N. I'm calling
21 today in regards -- I've been working with SEIU,
22 and I've heard about the plan to close Mercy, and
23 I just think that we -- I mean, if possible, that
24 should be revisited.

1 Within the area that it's in, it's in the
2 black and brown community, there are people that
3 utilize that facility, all of those services
4 there, and it is well needed. There's a
5 low-income high rise not too far from there and
6 many of those people really depend on those
7 services. And with health care declining in the
8 black and brown community, I think that closing
9 would be very detrimental.

10 You know, for example, my mother uses the
11 health care facilities there. There's times that
12 she can't go to the University of Chicago and
13 she's transferred there. Just last year that
14 happened. Just think about her having to go to
15 Provident or somewhere else where there's even
16 lesser beds, really -- you know, it makes me feel
17 sad.

18 So if we can do anything at all possible
19 to at least visit what services are being utilized
20 and just try to keep those services open, because
21 they are really needed. You know, we want to see
22 people in these communities doing better. So to
23 close that would eliminate the possibilities of
24 that even happening.

1 So I just ask one last time, please
2 revisit the services that are being used and just
3 see what's needed and just try to, at all
4 possible, keep those facilities open. And that's
5 all I really have to say today.

6 HEARING OFFICER AVERY: Thank you,
7 Ms. Gloria.

8 MS. JOHNSON: You're more than welcome.
9 Thank you for taking your time.

10 HEARING OFFICER AVERY: Okay. Ms. Jones,
11 please state and spell your name for the court
12 reporter and begin your comments.

13 MS. JONES: My name is Tamieka Jones.
14 That's T-A-M-I-E-K-A, J-O-N-E-S, and I am here to
15 speak against the closing of Mercy Hospital.

16 Last week, I was in a car accident, and it
17 was important that I go to the emergency room in
18 my community that could service me. Likewise,
19 people go to the emergency room department because
20 their lives are at risk, because they're in
21 serious pain, because they are desperate, they're
22 scared, and they need health resources to go --
23 they need the health resources to -- when their
24 health is in jeopardy.

1 Mercy currently has over 50,000 emergency
2 room visits a year. That's a lot of very sick
3 people who will have nowhere to go especially
4 right now in the middle of this pandemic that we
5 are in. Whereas those thousand people -- where
6 else will those thousand people go? How many of
7 them will have to die in transport, die trying to
8 go somewhere else? How many will stay home and
9 risk dying just because they can't make it to
10 another hospital? My 84-year-old mother-in-law is
11 one of those 50,000 people who needs Mercy
12 emergency department to stay open.

13 You have a responsibility to say no to
14 Trinity's application to close Mercy, because it
15 will have a significant impact on people's lives.
16 And here are 50,000 reasons for you to say no to
17 this application. Thank you. And that's all that
18 I have to say.

19 HEARING OFFICER AVERY: Thank you,
20 Ms. Jones. Senator Hunter?

21 SENATOR HUNTER: Yes. I'm here. I don't
22 know what's going on. Can you all see me?

23 HEARING OFFICER AVERY: We can't see you,
24 but we can hear you.

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1 SENATOR HUNTER: Okay. So may I proceed?

2 HEARING OFFICER AVERY: Yes, you may.

3 SENATOR HUNTER: Thank you very much,
4 Ms. Avery.

5 Good morning, everyone. And thank you for
6 allowing us to speak and for you all holding this
7 hearing.

8 I am here today because this is an issue
9 very near and dear to my heart. I have dedicated
10 my life to advocating for equity in the health
11 care system, and I will not watch idly by as
12 Trinity Health tries to close Mercy Hospital which
13 serves tens of thousands of residents in my
14 neighborhood that I represent and I live in.

15 Over the past several years, we have seen
16 a number of health care facilities close in our
17 city. We cannot let another safety net in this
18 neighborhood close. It's not about saving money,
19 you all, this is about saving lives. Since this
20 closure was announced, I have attended and held
21 several press conferences over the last several
22 months regarding this matter and will continue to
23 speak out against it as long as I can.

24 Additionally, I have been overseeing

1 several legislative committees that focus on
2 health and human services where we hear of the
3 monstrosities -- I'm sorry -- and disparities that
4 affect black and brown people. I've also heard
5 hearings from the past month on this issue as
6 well.

7 One area we've looked into is the absence
8 of health care in black majority and brown
9 neighborhoods. People in this neighborhood suffer
10 from a lack of access to quality and affordable
11 care, but Mercy provides them with that viable
12 option.

13 During the senate hearing also about two
14 weeks ago, my fellow legislators and I from top
15 medical professionals, including physicians from
16 Mercy, SEIU Health Care, Roseland, and Saint
17 Anthony and other folks testified very, very
18 passionately. They all advocated against the
19 divestment in safety net hospitals, a few of them
20 specifically noting the harm that could occur if
21 Mercy were to shut down its services.

22 When an emergency is imminent, minutes
23 could determine whether they live or die. If you
24 vote -- as the Board, if you vote to take away

1 Mercy, people will die in ambulances, people will
2 struggle to travel to a new facility, hospitals
3 will be overcrowded in the middle of a pandemic
4 when most of them have already altered their
5 services.

6 This is no way for our citizens to live.
7 This is no way to demonstrate that the lives of
8 black and brown communities matter. That's why
9 I've already reached out to Mayor Lightfoot and
10 Governor Pritzker asking them to intervene. I am
11 happy that Governor Pritzker is also opposed to
12 this closure. Last week, he wrote a letter to
13 Trinity Health's CEO out of Michigan, Michael
14 Slubowski, urging him to work with us legislators
15 and community officials to save Mercy. I was
16 disappointed so far that we have not heard from
17 Mayor Lightfoot, but I'm sure -- and I'm hoping
18 and praying that we will soon.

19 My colleagues in the black caucus and I
20 are calling for more from both the Governor and
21 the Mayor. We're seeking a moratorium
22 legislatively on hospital closures imposed in this
23 veto session so that our constituents can rest
24 assured that their primary source of health care

1 will not be taken away from them. I cannot stress
2 the importance of this enough, especially as we
3 enter the midst of the global pandemic, a pandemic
4 that is killing black people two times the rate of
5 white people.

6 Closing Mercy at this time will be
7 irresponsible for you and disrespectful to the
8 populace it serves, and I will not allow this on
9 my watch. Complications from pregnancy, stroke,
10 and other nonthreatening ailments can all turn
11 into tragic experiences if there isn't immediate
12 access to health care. Many regions of the south
13 and west sides are already considered health and
14 trauma center deserts. Let's not add another one
15 by closing down Mercy.

16 Thank you very much for listening.

17 HEARING OFFICER AVERY: Thank you,
18 Senator.

19 SENATOR HUNTER: I appreciate it.

20 HEARING OFFICER AVERY: So do we. Thank
21 you. At this time I do not see anyone with hands
22 up to speak, so, again, if you're wanting to give
23 testimony, please raise your hand or send a
24 message in the chat box.

1 Okay. One second, David. Please proceed.
2 State your name and spell it for the court
3 reporter.

4 MS. BARRIGAN: Marisa Barrigan,
5 M-A-R-I-S-A, B-A-R-R-I-G-A-N.

6 My name is Marisa. I'm speaking as a
7 community member. I am the district of -- in the
8 district of Mercy. I'm calling because if it
9 wasn't for Mercy, my mother would have died. She
10 had a severe stroke, a severe brain bleed, and was
11 taken to Mercy to be stabilized. If it was not
12 for Mercy and was not intubated at Mercy, she
13 would have lost her life. My mother is here today
14 with us because of Mercy.

15 And it brings me a lot of fear to know
16 that Mercy will close because -- because what
17 happened happened again, she had several strokes
18 after this, and we go to Mercy, and UIC is too far
19 for her. And she -- and she would have lost her
20 life several times, and it's because of Mercy.

21 I understand that there's other hospitals
22 around us and UIC is her provider, but it is too
23 far for her. She will die in the future if she
24 has another severe brain bleed, and it is life or

1 death. It's -- and that's scary to me because it
2 -- because -- because without Mercy, my mother
3 would not be here and several of my other
4 families, because we live so close to this
5 hospital. And we don't take into consideration
6 the City of Chicago where we have traffic, where
7 we have construction.

8 And I feel that we -- that we need to take
9 into account what services are they planning, if
10 they're going to have an outpatient. Are they
11 going to have something that's going to help the
12 community? We need to know what it is.

13 And for this reason, I oppose the closure
14 of Mercy. I ask you to really think of this life
15 versus death, because even though we have UIC,
16 Cook County, Rush, and U of C, it is life versus
17 death. And how far can you maintain an airway
18 open? How far can you keep someone alive in the
19 middle of traffic at 5 p.m. or with construction?
20 So this is the reason why I oppose the closure.
21 Thank you.

22 HEARING OFFICER AVERY: Thank you. I
23 appreciate it. Next, we have David now. David,
24 are you prepared?

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1 MR. SCHUSTERIC: I was allowing Marisa to
2 use my computer.

3 HEARING OFFICER AVERY: Oh, you confused
4 me.

5 MR. SCHUSTERIC: Sorry. That's why I put
6 it in the Q and A.

7 HEARING OFFICER AVERY: Thank you. Please
8 proceed if you're wanting to provide testimony.

9 MR. SCHUSTERIC: Not at this time. I
10 provided yesterday.

11 HEARING OFFICER AVERY: Great. Thank you.
12 David Wu, are you wanting to provide testimony?

13 MR. WU: Yes. My name is David Wu.

14 HEARING OFFICER AVERY: Please state and
15 spell your name and proceed. Thank you.

16 MR. WU: The last name is W-U. And I gave
17 testimony on Wednesday in person personally, and I
18 have been collecting letters from members of the
19 Chinese community, and I wanted to read some of
20 them.

21 I am the executive director of the Pui Tak
22 Center, and we serve many new immigrants and
23 seniors in our ESL programs, and the closure of
24 Mercy Hospital will have a negative impact on

1 these residents who live nearby Mercy Hospital.

2 If the 2020 census gets a complete count,
3 there's likely to be about 35,000 Chinese in the
4 area, and Mercy has developed bilingual services
5 because they've hired staff -- medical and
6 hospital staff.

7 So we've collected 44 texts and letters
8 from our ESL students. We would have collected a
9 lot more if we had been in person, but I just want
10 to read a few.

11 Chun wrote this very short message, I
12 support Mercy Hospital and hope the government
13 will not close it.

14 And then another student named Moy says,
15 I'm a resident of Chinatown. I heard that Mercy
16 Hospital near Chinatown may close. My English is
17 not good. If it is closed, it will be
18 inconvenient for us to see a doctor. I implore
19 the government to consider not allowing Mercy
20 Hospital to close. Our community needs hospitals.

21 Fengyu, another student, says, Mercy
22 Hospital is the biggest, nearest, and
23 full-functioning hospital in the Chinese
24 community. It's important and protective for our

1 health condition. Please don't close it. It's
2 our plea for my family.

3 Xiumei Tan says, my family and my friends
4 and I don't want to see the closure of Mercy
5 Hospital. We need this hospital in the Chinatown
6 area as it helps us a lot. We hope Mercy can be
7 survived and developed.

8 And I'll just read one more letter. Let's
9 see. It's from Wen Zhou. I'm writing because
10 people need the hospital all the time. The
11 hospital is near the place where people live. It
12 is good for the community. There are many old
13 people and children. These people have more
14 health problems and need the hospital nearby. The
15 hospital needs to be nearby because there are
16 emergencies, and I hope the hospital will stay
17 open.

18 You know, these people -- many of our
19 students have just come from Asia over the last
20 few years, they're not so articulate, but a nearby
21 hospital is really critical for these immigrants,
22 and Mercy has been their hospital. And Pui Tak
23 Center as well as these students are unanimous in
24 our opposition of Mercy's closure. Thank you.

1 HEARING OFFICER AVERY: Thank you. And if
2 you would like to have those letters submitted,
3 you can do so using the e-mail address, and we'll
4 submit those into the public record.

5 MR. WU: Okay.

6 HEARING OFFICER AVERY: Is there anyone
7 else that would like to provide testimony at this
8 time? Please either raise your hand or send a
9 message in the chat box.

10 MR. SCHUSTERIC: Is it okay to speak now?

11 HEARING OFFICER AVERY: Yes, it is, David.

12 MR. SCHUSTERIC: Okay. My last name is
13 spelled, S-C-H-U-S-T-E-R-I-C. I'm sure I'm very
14 -- you're probably familiar with me. I spoke to
15 you all in person a few days ago.

16 I am in opposition of the closure of Mercy
17 Hospital very strongly, and I would like to use my
18 personal experience that I haven't really shared
19 much with a lot of people.

20 A few years ago, I suffered from a
21 psychotic break where I ended up finding out that
22 I have borderline personality disorder with major
23 depression disorder. I had slit my brachial
24 artery so bad that I had to be rushed to the

1 hospital. And without having a hospital within a
2 mile radius of my home, I would not be here
3 speaking to you today.

4 It was the quick response from the
5 ambulance drivers, the quickness of the doctors to
6 get me sutured, and the quick response of
7 physicians trying to really target and figure out
8 what truly was wrong with me at the time to fully
9 understand the bigger picture than just some kid
10 who just couldn't handle life.

11 Mercy is more than just a hospital to a
12 lot of people. It's something that is stapled in
13 this community. And I don't have a speech
14 prepared today like I did before, but Mercy is
15 something that gives more to the community. Their
16 breast center provides over 3,000 free mammograms
17 and Pap smears to women that are in need. They
18 have diagnosed cancers. And without the services
19 that they've provided, these patients could have
20 died long before or had gone undetected and not
21 been aware of what their statuses were.

22 A lot of times people can say, oh, well,
23 there's a hospital three miles away, oh, there's a
24 hospital four miles away. That's not enough,

1 especially in communities that are surrounded in
2 the African American community where in the 2009
3 health assessment that Mercy provided, it showed
4 that black communities have a life span of 60
5 years old. That's 30 years less than people that
6 live on the north side of Chicago. That's
7 ridiculous.

8 We should not be here trying to close down
9 a hospital. We should be here trying to see what
10 we can do to strengthen the community and to see
11 what we can truly do to help Mercy and its needs
12 whether it's more money, whether it's maybe a
13 different parent company that could, you know,
14 implement new strategies that weren't tried
15 before.

16 We are able to do more in this community.
17 It just needs time and it needs help, and doing a
18 closure like this is not helping. It's going to
19 create a huge health disparity. And I plan on
20 providing a grid from the community health
21 assessment that will show miles of a desert if we
22 get rid of Mercy Hospital. We cannot let this
23 happen.

24 From what I hear, there are buyers willing

1 to come to the table and take over. It's just a
2 matter of Trinity coming to the table and saying,
3 all right, we're done, here's our signature, you
4 take over now. Someone needs to step in. And
5 community leaders are not wanting this to end
6 either.

7 You're here to listen to the community.
8 And so far from what I'm hearing, the community
9 does not want this to end. This is the first
10 hospital in Chicago. It shouldn't be ending.
11 This should be something that we are trying to
12 grow, if anything. If you shut down this hospital
13 and other hospitals like this, the only hospitals
14 that are going to be left are the monopoly
15 hospitals of Northwestern Medicine and Advocate
16 and that's all you get.

17 We have very, very few hospitals that
18 stand alone now. Don't close this hospital,
19 please, especially for the 1,700 workers that work
20 here. The plan that they have for this outpatient
21 center, it's not complete based off of the report
22 that I read that was provided to the community.

23 More needs to be done, and more can be
24 done. It's just -- if you put a stop to this and

1 allow people to come to the table and have those
2 talks, more can be done, addressed, and fully have
3 a plan together. Thank you.

4 HEARING OFFICER AVERY: Thank you, David.
5 Next, we will have Aisha Davis. I'm going to
6 unmute you. Please state and spell your name for
7 the court reporter. I'm sorry. Aisha Davis.

8 MS. DAVIS: Good morning. You had it
9 right the first time. It's Aisha Davis.

10 HEARING OFFICER AVERY: I'm sorry.

11 MS. DAVIS: Yeah. No problem. It's
12 Aisha, A-I-S-H-A, Davis, D-A-V-I-S.

13 Good morning, everybody. My name is Aisha
14 Davis, and I'm here on behalf of AIDS Foundation
15 Chicago. And I would like to just share some
16 testimony in response to the news of Mercy
17 Hospital and Medical Center being closed in 2021.

18 As you all know, Mercy Hospital serves
19 residents of the south side of Chicago which is a
20 community that has long faced inequitable access
21 to health care options while also being
22 disproportionately impacted by many healthcare
23 struggles, most recently the COVID-19 pandemic.
24 We're urging you to work together with local and

1 state agencies and with Trinity Health to reverse
2 this decision and prevent additional hardship for
3 the communities that Mercy Hospital serves.

4 AIDS Foundation Chicago mobilizes
5 communities to create equity and justice for
6 people living with and vulnerable to HIV or
7 chronic conditions. We envision a future where
8 people living with HIV or chronic conditions will
9 thrive, and there will be no new HIV cases. For
10 35 years, we've done this work to ensure that
11 people living with or vulnerable to HIV in Chicago
12 and across Illinois are able to access the care
13 and services that they need.

14 In the City of Chicago and across the
15 nation, black communities often experience
16 significantly worse health outcomes than their
17 white neighbors. This trend has existed for
18 decades, and, today, it is exemplified in
19 statistics for both the HIV epidemic and the
20 COVID-19 pandemic. These disparities are both the
21 result of and are exacerbated by the systemic
22 anti-black racism that exists throughout our
23 society, including in the health care arena.

24 For communities to become and stay

1 healthy, each resident must be able to receive
2 accessible, equitable, and comprehensive health
3 care. Allowing Mercy Hospital to close will cause
4 irreparable harm for the historically black
5 neighborhoods that have relied on this institution
6 for more than a century and a half and exacerbate
7 the current health care desert that exists on the
8 south side of Chicago.

9 Mercy Hospital is one of Illinois's 40
10 safety net hospitals and provides services to no
11 to low income and uninsured patients seeking
12 life-saving care. As a safety net hospital, Mercy
13 Hospital also works with a large number of
14 patients covered by Medicaid and Medicare.
15 Without this care, the neighborhoods that rely on
16 Mercy Hospital for care will be left searching for
17 care outside of their communities and away from
18 their trusted providers and programs that have
19 been serving them for decades. This will cost
20 lives.

21 In addition to our general objection to
22 the closing of Mercy Hospital, we must highlight
23 three important arenas of care that Mercy Hospital
24 provides for the predominantly black communities

1 that access care at this institution: One, care
2 for people lives with HIV; two, substance use
3 support; and, three, maternal and birthing care.

4 First, for people living with HIV,
5 connection to care is imperative to maintain
6 health and quality of life. Mercy Hospital's
7 Michael Reese HIV program provides care to
8 approximately 400 patients and provides clinical
9 services, including: Comprehensive primary and
10 specialty medical care; prevention and risk
11 reduction; case management; and, medical adherence
12 counseling.

13 Losing Mercy Hospital will not only make
14 access to care more difficult for people living
15 with HIV on the south side of Chicago, it will
16 undoubtedly make getting to zero in Illinois by
17 2030 more difficult to achieve.

18 In addition to caring for people with HIV,
19 Mercy Hospital provides substance use and
20 addiction services to black communities that have
21 been unjustly targeted by racist drug laws for
22 years. In August, the Chicago Department of
23 Public Health released a report showing that black
24 Chicagoans made up 60 percent of deaths related to

1 opioid use just this year, a 66 percent increase
2 in the rate of fatal overdoses for black
3 Chicagoans compared to last year.

4 Losing these services will create
5 additional hardship for black Chicagoans seeking
6 care in the face of stigma and
7 over-criminalization. We implore you to do
8 everything in your power to prevent the closure of
9 Mercy Hospital, especially given this growing need
10 for substance use services for black Chicagoans.

11 Finally, we must note that closing Mercy
12 Hospital will result in the loss of women's health
13 care services, including obstetrics, in a
14 predominantly black community. Just last year,
15 the Chicago Department of Public Health released a
16 data report on maternal morbidity and mortality as
17 part of the Healthy Chicago project. Black women
18 have the highest rates of severe maternal
19 morbidity and the highest pregnancy-associated
20 mortality rate in Chicago.

21 This report concluded that stark racial
22 and socioeconomic disparities in maternal
23 morbidity and mortality exist in Chicago,
24 especially among Chicago's non-Hispanic black

1 mothers and those living in communities with
2 higher economic hardship. Losing pregnancy and
3 delivery care at Mercy Hospital will create an
4 additional barrier for black parents on the south
5 side and will lead to worsening maternal morbidity
6 and mortality outcomes for an already vulnerable
7 community.

8 As an organization that is based in
9 Chicago and who supports health equity, access to
10 competent and comprehensive care, and who believe
11 that health care is a human right, we know that
12 closing Mercy Hospital will cause unnecessary and
13 devastating harm to black communities seeking
14 services. We are especially opposed to the
15 closing of Mercy Hospital because it will further
16 alienate Chicagoans that already struggle to
17 access care within their own communities.

18 If permitted to go forward, shutting down
19 Mercy Hospital will endanger some of the most
20 marginalized neighbors that we have at a time when
21 we are fighting a global health pandemic due to
22 COVID-19 and the subsequent economic downturn that
23 has resulted.

24 As stated above, I believe that health

1 care is a human right. For communities that
2 continue to face significant health disparities,
3 losing a safety net hospital like Mercy Hospital
4 will not only exacerbate the existing disparities,
5 it also intensifies the continued impact of
6 systemic racism.

7 We urge you to work together and with
8 other partners to prevent this closure and hope
9 for continued support in the fight for equitable
10 health care for every Chicagoan and Illinoisan.
11 We are in the middle of a global health pandemic,
12 an economic downturn, and an ongoing fight for
13 racial equity. It is imperative that we do not
14 lose Mercy Hospital at this time. Thank you.

15 HEARING OFFICER AVERY: Thank you for your
16 comments. If there is anyone else that would like
17 to speak, please raise your hand or send me a
18 message in the chat box.

19 (No responses.)

20 (A recess was taken.)

21 HEARING OFFICER AVERY: Please state your
22 name and spell it for the court reporter.

23 MR. GENTRY: Hello. My name is Bill
24 Gentry, B-I-L-L, G-E-N-T-R-Y.

1 HEARING OFFICER AVERY: Please proceed
2 with your testimony.

3 MR. GENTRY: Yes. I would like to ask,
4 why are they closing Mercy Hospital in the middle
5 of a pandemic? I'm a hospital worker. I work at
6 a trauma center. I work at Christ Hospital, and
7 this poses a strain on the hospital. You're
8 closing a hospital in the middle of a pandemic,
9 and we have to rearrange our floors to accommodate
10 COVID patients, and you're trying to close a
11 hospital.

12 Now, my understanding is Mercy -- the
13 owners, Trinity, has 30 billion in assets, 12
14 billion in unrestricted use with offshore
15 accounts. Clearly, the hospital is not in a
16 crunch that it has to be closed financially. And
17 I don't understand, why would you close a hospital
18 down in a black and brown neighborhood? They're
19 not doing it on the north side. Thank you.

20 HEARING OFFICER AVERY: Thank you for your
21 comments and your testimony.

22 Good morning, Ms. Betty Chang.

23 MS. CHANG: Good morning. How are you?

24 HEARING OFFICER AVERY: I'm good. Please

1 proceed.

2 MS. CHANG: So my name is Betty Chang,
3 spelled first name, B-E-T-T-Y, last name,
4 C-H-A-N-G.

5 HEARING OFFICER AVERY: Okay. You may
6 begin. Thank you.

7 MS. CHANG: Hi. My name is Betty Change,
8 and I'm a first-year medical student at the
9 University of Illinois at Chicago. I just started
10 my medical education here, and the last few months
11 have been a whirlwind process of learning and
12 growing.

13 One of the first lectures we had was about
14 health care disparities, not just in the United
15 States, but here in Chicago, a place we all call
16 home. As medical students, we know that our
17 responsibility is to provide care, and that
18 doesn't exclude people based on race, income,
19 insurance status, nothing.

20 We learned that disparities in health care
21 being experienced by black and brown communities
22 in Chicago are built on a terrible history of
23 redlining and segregation. It's not an accident
24 that there's a 30-year gap in life expectancy from

1 the southernmost portion of the red line to the
2 northernmost. But the most important thing that
3 we, as part of the health care field, believe is
4 that we have an obligation to fix these problems.
5 These are lessons I've learned in mere months of
6 medical school.

7 The administrators of Trinity have had
8 many more years of experience than that. They sat
9 through these classes, they made these oaths, and
10 they've chosen to ignore them and exacerbate the
11 higher death rates, higher rates of poverty, and
12 poor health outcomes that black and brown
13 communities have suffered through for centuries.

14 If you had \$12 billion in unrestricted
15 cash and investments and the choice between saving
16 lives and endangering them, what would you do?
17 Trinity Health has made their choice.

18 As a member of a community of young
19 students who are going to be future leaders in the
20 health care industry, this is completely crushing
21 for me to see those who committed to serve others
22 push that promise aside. To exchange lives for
23 money is beyond disgraceful.

24 Please reject Trinity's application to

1 close Mercy. I may be the one standing in front
2 of you, but there are nameless men and women whose
3 lives depend on this decision. Thank you.

4 HEARING OFFICER AVERY: Thank you,
5 Ms. Chang.

6 MS. CHANG: Thank you very much.

7 HEARING OFFICER AVERY: Please state and
8 spell your name for the court reporter and begin
9 your comments. Thank you.

10 DR. CONNER: Hi. My name is Cheryl
11 Conner, C-H-E-R-Y-L, Conner, C-O-N-N-E-R. I'm a
12 physician here in Chicago at the University of
13 Illinois. Our medical students rotate through
14 Mercy and so do a lot of our residents. I also
15 have friends that work at Mercy, and I've had
16 patients that have gotten care at Mercy.

17 Mercy is an important safety net hospital
18 on the south side which serves a diverse patient
19 population. This hospital provides over 50,000 ER
20 visits per year and over 3,500 hundred surgeries.
21 I want to know where those patients are supposed
22 to go. What health facility has the resources to
23 absorb those patients?

24 Closing this hospital would be a

1 devastating blow at any point in time, but doing
2 it now in my the midst of a pandemic where our
3 city needs all the health care resources we have
4 and then some is downright criminal. Keeping
5 Mercy open should be a priority for the city and
6 the state. We need our budgets to address what
7 the workers of Chicago think are priorities,
8 health care, housing, education, and
9 transportation instead of policing and prisons.

10 It is obscene that Mercy will be the
11 fourth hospital to close on the south and west
12 sides of Chicago since 2018 while the bloated
13 police budget remains untouched. I am sick of
14 having to deal with and hear about the practical
15 realities of providing health care in a for-profit
16 system. This always plays out in a racist way and
17 it leads to worse access for black, brown, and
18 immigrant patients and contributes to the health
19 care disparities that are present in our city.

20 This proposed closing is a prime example
21 of structural racism, shutting down a hospital in
22 a majority black neighborhood in the midst of a
23 pandemic. This Board should recommend that Mercy
24 stay open at full capacity and that the city and

1 state should find the funds to do so. Thank you.

2 HEARING OFFICER AVERY: Thank you, Doctor.

3 Okay. Go ahead. Please state your name
4 and spell it for the court reporter and begin your
5 testimony. Thank you.

6 MR. NOVAK: Okay. No problem. My name is
7 Joel Novak. That's spelled, J-O-E-L, N-O-V-A-K.

8 HEARING OFFICER AVERY: You may begin.

9 MR. NOVAK: Okay. Good afternoon. My
10 name is Joel Novak, and I've been working as a
11 nurse for over six years in Chicago.

12 I am speaking before this body today to
13 put forward my adamant rejection of the racist
14 proposed closing of Mercy Hospital on the city's
15 south side. To me, and no doubt many others, it
16 is an inexcusable racist attack for Trinity Health
17 Systems, a giant business entity with profits and
18 assets in the billions, to consider closing a
19 hospital in the middle of this coronavirus
20 pandemic.

21 Only in the messed up train wreck of
22 passes for health care under capitalism where
23 profits have always come before workers' lives
24 would this seem like a good or acceptable idea.

1 It's no secret as to who has been hardest hit by
2 this pandemic here in Chicago and elsewhere, but
3 I'll go ahead and say it, black and brown
4 working-class people. They have made up over 70
5 percent of the deaths here in the city so far, and
6 that's on top of all the racist unemployment,
7 evictions, and police violence that these
8 populations face daily.

9 As case numbers have started to skyrocket
10 once more, the idea of closing a major safety net
11 hospital, the city's oldest, on the near south
12 side, is to designate thousands of working-class
13 people as expendable. As I'm sure a number of
14 others who have already testified, taking Mercy's
15 ICU beds, ER capacity, and outpatient services out
16 of the equation is simply to sign a death sentence
17 to countless individuals already
18 disproportionately devastated by this pandemic and
19 economic crisis.

20 I can see the hospital where I work
21 already short staffed and often underresourced
22 having to absorb the patients that no longer can
23 seek services at Mercy or other hospitals on the
24 chopping block. I refuse to allow other workers

1 to have to settle for inadequate to nonexistent
2 care so others can maximize their profits. I
3 refuse to see my coworkers stressed and burned-out
4 feeling as though we failed our patients and their
5 families when, in fact, it's the system that's
6 failed them.

7 Just a few years ago, a member of bold
8 antiracist fighters let a protracted struggle to
9 get the University of Chicago to reopen its trauma
10 center and in doing so set a militant example that
11 sets the standard for the fight we are bringing
12 today. We should have no confidence in Trinity or
13 any other corporate health care system to do the
14 right thing, but we can bring the pressure that
15 will force their hands.

16 Elected officials can either support the
17 workers' needs and wishes to keep Mercy open or
18 simply get out of the way. If there's nothing
19 that these past eight months have reinforced in my
20 mind as I've worked through the punishing ways of
21 this pandemic and experienced the inspiring ways
22 of antiracist rebellion, it's that workers alone
23 represent the change, support, and solidarity that
24 we need. No one else.

1 We will continue to fight to keep Mercy
2 open and fighting for a world that provides the
3 optimal healthy existence that our working people
4 need and deserve. Save Mercy Hospital. Keep
5 Mercy Hospital open. Thank you.

6 HEARING OFFICER AVERY: Thank you for your
7 testimony. Have a good day.

8 MR. NOVAK: Thank you.

9 HEARING OFFICER AVERY: You're welcome.

10 MS. ROMEUS: Can you hear me? I connected
11 via headphones.

12 HEARING OFFICER AVERY: Yes, we can hear
13 you.

14 MS. ROMEUS: Okay. Great. Thank you.

15 HEARING OFFICER AVERY: You're welcome.

16 MS. ROMEUS: Good afternoon. My name is
17 Erika Romeus, E-R-I-K-A, Romeus is, R-O-M-E-U-S.

18 Good afternoon, everyone. My name is
19 Erica Romeus, and I'm a former employee at Mercy
20 Hospital and Medical Center. I'm a licensed
21 pharmacist in the state of Illinois. And since I
22 became a pharmacist nearly a decade ago, I've
23 become a board-certified ambulatory care
24 pharmacist and have earned specialized

1 certifications to treat patients with HIV and
2 diabetes.

3 When I relocated to Chicago in 2018, I
4 specifically chose to work at Mercy because of its
5 commitment to improve access to quality health
6 care to medically underserved populations. Many
7 others have already referred to this topic as a
8 reason to keep Mercy's doors open, and I would
9 like to offer additional details to describe how
10 truly pervasive the effects will be if Mercy
11 closes its doors.

12 I'll start by explaining a bit about my
13 responsibilities while at Mercy. Again, I'm a
14 pharmacist by training, but I was never within the
15 walls of a pharmacy when I worked there. Rather,
16 via permissions and authorities granted by
17 collaborative practice agreements, I was able to
18 schedule one-on-one appointments with hundreds of
19 patients who needed intensive anticoagulation or
20 blood-thinning medication monitoring or intensive
21 diabetic control or patients who wanted to quit
22 smoking but needed assistance along the way.
23 These protocol agreements that allow pharmacists
24 to provide direct patient care in this capacity

1 may still not be common knowledge among the
2 public, however, are quite common among many
3 health systems.

4 The patients at Mercy who needed intensive
5 monitoring of their blood-thinning medication
6 which is known better by its brand name, Coumadin,
7 were often in that position because
8 Illinois-funded medication plans prefer coverage
9 of this medication over other medications.

10 Coumadin is an old and trusted medication,
11 however, it requires close and frequent
12 monitoring, and it's notorious for its dietary
13 restrictions that include avoidance of spinach,
14 kale, broccoli, and a number of other foods that
15 are known to provide essential nutrients.

16 To be clear, this medication requires
17 patients with known higher rates of heart disease,
18 obesity, and diabetes to avoid spinach, kale, and
19 broccoli. If you're wondering, there are multiple
20 alternative medications that are free of any
21 dietary restrictions, but these medications are
22 not preferred options under Illinois-funded
23 pharmacy benefit plans.

24 Coumadin does not have one standard dose,

1 rather each individual's dose is specific to the
2 person. So patients must be seen every few weeks
3 to monitor drug levels, rendering these patients
4 more and more vulnerable to COVID-19 exposure and
5 transmission. If you're wondering, the
6 alternative medications that exist that are free
7 of dietary restrictions are also free of any
8 monitoring requirements because they have
9 standardized doses.

10 Many patients who are treated in this
11 capacity at Mercy come to the facility because
12 transportation is not a privilege that they have
13 access to. So they either utilize Mercy
14 transportation or take multiple CTA buses or walk,
15 because it's located within their community.

16 Closing Mercy's doors will ensure that
17 these hundreds of patients will be left on the
18 needed blood-thinning medication but without
19 realistic access to ensure safe and effective use.
20 If you recall what I mentioned earlier, many of
21 these patients are left with Coumadin as their
22 only choice due to the Illinois Department of
23 Health preferred drug list.

24 I implore you to understand the depths of

1 the multiple levels of health care structures that
2 are set up to ensure that medically underserved
3 patients remain this way. Keep this in mind when
4 making the decision to close Mercy.

5 It was common for the patients who needed
6 intensive diabetic control to have an A1C upon
7 entry into care of 14, 15, or even 16. These were
8 numbers that I was used to seeing. For reference,
9 a normal A1C for someone without diabetes is
10 around 5, and an A1C for a person with controlled
11 diabetes is around 7. It's commonplace that
12 patients at Mercy present to care for diabetes
13 with a number more than double this amount due to
14 the lifelong barriers to quality health care with
15 which they have lived.

16 In a majority of cases that I saw,
17 patients' A1C values could easily drop to 9 within
18 one to two months with simple non-insulin
19 medication adjustments and disease state education
20 that focused on proper nutrition. For example,
21 seemingly simple nutrition recommendations such as
22 spaghetti is not an optimal choice for breakfast,
23 or limit yourself to one half of one banana per
24 serving instead of three bananas per serving, were

1 real life examples and nutrition recommendations
2 that needed to be made, but once made had a
3 tangible and quick impact on A1C values.

4 Again, I implore you to realize that this,
5 again, is a result of lifelong systematic barriers
6 to care, and closing Mercy's doors will only
7 enhance these systematic barriers. All who are
8 involved in this decision have the potential to
9 stop a deadly trend that this community has faced
10 its entire existence.

11 Scientific evidence shows that tobacco
12 company advertising targets members of racial and
13 ethnic minority communities. So it's no wonder
14 that many patients at Mercy have smoked cigarettes
15 for over 40 years. Many patients don't feel the
16 negative effects of cigarette smoking until after
17 they have their first heart attack or stroke. But
18 by then, nicotine has already done its addictive
19 damage, and quitting is not as easy as just
20 stopping.

21 When I saw patients who were motivated to
22 quit smoking, I would provide seemingly simple
23 background education about how damaging smoking is
24 to our heart and cardiovascular system. I was

1 almost always met with the response of, wow, no
2 one has ever told me that before. Instead, what
3 many patients are used to are messages that
4 promote smoking for stress relief or for
5 socializing.

6 Walking a patient through the journey of
7 quitting smoking provides feelings of joy, but
8 these feelings are overshadowed by shame for the
9 systems that were set up to lead these patients to
10 smoke in the first place. Make no mistake, Mercy
11 continues to help decade-long smokers reach
12 cessation, but this is yet another essential
13 service that will no longer be accessible to
14 vulnerable patients in need if you choose to close
15 Mercy.

16 As I reach the end of my statement, I
17 would like to remind you of the medical teaching
18 that happens at Mercy. Mercy has trained hundreds
19 of physicians, pharmacists, and many other members
20 of the health care team every year since it was
21 opened. Each one person trained leaves Mercy with
22 the capacity to impact an infinite number of
23 patients. And so if you choose to close Mercy,
24 you are truly generating a nationwide ripple

1 effect. There will be far less health care
2 providers with quality background and training
3 that focuses on the medically underserved
4 populations. There will be far less health care
5 providers that look the same as these patients in
6 need.

7 If you choose to close Mercy, the effect
8 will be insidious. Let Chicago be a role model to
9 other cities in our nation to lead the change to
10 preserve and value our black and brown
11 communities. Thank you.

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

17 (No responses.)

18 HEARING OFFICER AVERY: I don't see anyone
19 with their hands raised to provide testimony. So,
20 Ann Guild, can you please give closing comments.

21 HEARING OFFICER GUILD: Yes.

22 HEARING OFFICER AVERY: Okay. Thank you.

23 HEARING OFFICER GUILD: Is there anyone
24 who wishes to testify who has not had an

1 opportunity?

2 (No responses.)

3 HEARING OFFICER GUILD: Hearing none, is
4 there anyone who has testified who wishes to
5 provide additional testimony?

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

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

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

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

8 HEARING OFFICER AVERY: Thank you everyone
9 for attending. Oh, wait one second, please.
10 Noah, you have your hand raised. I'll unmute you.

11 MR. STIEGLITZ: I just wanted to say, you
12 said get in written comments by the end of the
13 business day, is that at 5:00 p.m. today?

14 HEARING OFFICER AVERY: Yes.

15 MR. STIEGLITZ: Okay. Thank you.

16 HEARING OFFICER AVERY: You're welcome.
17 Does anyone else have questions or feedback? I'll
18 unmute everyone, so please let us know. Any
19 questions or feedback from anyone?

20 MR. STIEGLITZ: Sure. I'd like to ask
21 another question.

22 HEARING OFFICER AVERY: Sure.

23 MR. STIEGLITZ: You said November 19th is
24 the last day for written testimony. Does that go

1 to the same public record and to the Board as it
2 would if it was delivered today?

3 HEARING OFFICER GUILD: Everything that's
4 submitted goes to the Board.

5 MR. STIEGLITZ: Okay.

6 HEARING OFFICER AVERY: But is that
7 comment on the actual application or the State
8 Board staff report? So, yes, all comments will be
9 submitted to the Board. Any other questions?

10 (No responses.)

11 HEARING OFFICER AVERY: Hearing none, we
12 will adjourn. Thank you.

13 (Off the record at 12:59 p.m.)

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1 SUBMITTED WRITTEN TESTIMONY - VIA EMAIL

2 DR. CUDEKI: Dear Ms. Avery, I am writing
3 this letter on behalf of myself and many members
4 of the Mercy Hospital Medical Staff (Medical
5 Staff). For over 170 years Mercy Hospital has
6 provided lifesaving services to the people of
7 Chicago. The hospital has always taken care of
8 all people in need; regardless of class, color,
9 creed, or ability to pay.

10 The current owners of Mercy Hospital,
11 Trinity Healthcare (Trinity), have filed with the
12 Illinois Health Facilities and Services Review
13 Board (the board) to close the hospital. In this
14 filing, Trinity is citing 3 reasons to close
15 Mercy. The medical staff disputes all 3 of these
16 reasons as they are cited in the filing.

17 The reasons cited are: 1. The hospital
18 is having large financial losses; 2. Low
19 utilization of the hospital; 3. No impact on
20 patient care if the hospital closes.

21 Concerning "The hospital is having a large
22 financial loss", the medical staff hired a
23 forensic accountant to go through the publicly
24 available financial data. We compared several

1 years of tax filings prior to the sale in
2 2011-2012 to Trinity with several years after the
3 sale to Trinity.

4 Some of our findings include: The
5 hospital is liberally using "related party
6 expenses". Basically Mercy hospital is paying its
7 parent company, Trinity Healthcare, large amounts
8 of money for services that actually cost much
9 less.

10 For example in 2012 the hospital paid
11 about \$500,000 for IT expenses. This was paid to
12 mostly outside vendors. In 2016 Mercy Hospital
13 paid 9.2 Million dollars for IT expenses, but this
14 was paid to Trinity or Trinity entities. Nothing
15 changed in terms of IT or software. The only
16 thing that changed was where the money went.
17 While the use of related party expenses is not
18 illegal, we believe this is being used to inflate
19 losses.

20 Even for 2 years after Trinity bought the
21 hospital, the hospital was profitable. Now the
22 revenue is similar but the bottom line is much
23 worse. The leads many members of the medical
24 staff to believe the hospital has been mismanaged

1 and can be profitable with new management.
2 Concerning "Low utilization of the hospital", the
3 hospital in recent state filings stated that they
4 are authorized for 412 beds and use 130-150 of
5 them at any given time. This statement creates
6 the illusion that the hospital is being
7 underutilized and that is not true. There is a
8 difference between the number of authorized beds
9 and the actual number of available beds. The
10 hospital is authorized to have 412 beds, but does
11 not have anywhere near that number of actual beds.

12 The hospital census and utilization rate
13 appears low because:

14 - The hospital only staff's 150-170 beds
15 at any given time. We are utilizing 130-150 beds
16 at any given time. So the utilization rate is
17 high.

18 - The hospital was originally authorized
19 to have 412 beds, but that was when we had 2
20 patients per room. This was eliminated many, many
21 years ago. We only have one patient per room. So
22 that reduces the available beds to 206.

23 - The bed count was further reduced
24 because several areas within the hospital are used

1 for outpatient office care. In fact 1-2 floors of
2 the hospital are used for outpatient care
3 including the eighth floor, and the 12th floor.
4 These are spaces that were previously used for
5 hospital beds but have not been used for hospital
6 beds in over a decade. They have been fully
7 converted to office space, and cannot house
8 admitted patients.

9 - We are frequently trying to expedite
10 discharges because patients are waiting for beds
11 to open up to be admitted to the hospital.

12 -The actual utilization of the hospital is
13 high.

14 Other areas of the hospital are heavily
15 utilized as well including: The emergency room
16 has over 50,000 visits per year; the outpatient
17 clinics have over 100,000 visits per year; ob/Gyn,
18 Mercy Hospital delivers thousands of babies per
19 year.

20 Concerning "No impact on patient care if
21 the hospital closes", in the documents Mercy
22 hospital has filed with the state, they note that
23 many other hospitals accept Medicaid patients.
24 >95% of Medicaid patients are now in a managed

1 Medicaid HMO. These Medicaid managed HMO's
2 include: Blue Cross Community, Illinicare,
3 Meridian, Molina, Youthcare, and CountyCare. All
4 hospitals accept Medicaid, but most do not take
5 all Medicaid HMO's. So many of those patients
6 will not have easy access to physicians. The
7 Health inequalities of the Southside of Chicago
8 will be exacerbated by the closure of Mercy
9 Hospital.

10 Respectfully, the board and the
11 legislature have the means to save this safety net
12 hospital. Do not allow Mercy Hospital to close.
13 Sincerely, John Cudeki, M.D.

14 DR. SHAH: To Whom It May Concern, this is
15 a letter writing to strongly oppose the closure of
16 Mercy Hospital. It is a travesty that this is
17 even being considered in the first place.

18 I am an ER resident who works at Mercy
19 Hospital. I have personally witnessed how many of
20 Mercy's patients rely on Mercy Hospital. These
21 people are often uninsured, lack regular
22 healthcare, and show up very sick on our front
23 doors. The data that Trinity provides of
24 "decreased numbers" or "decreased admissions" is a

1 lie. It is very easy to manipulate that data when
2 double capacity rooms are now used as single rooms
3 due to COVID. Our waiting room is regularly 20-30
4 people deep, and I usually end up admitting about
5 half of the 12-15 patients I see in an 8-hour
6 shift. Usually I have 1-2 ICU admissions as well.
7 Speaking with the ICU team, the ICU is regularly
8 at capacity.

9 It is easy for Trinity to say that they
10 will turn the Mercy hospital area into an
11 outpatient care center, but these are the patients
12 who cannot afford much of the costs of primary
13 care. I regularly will google GoodRx prices for
14 my patients and print them coupons, because they
15 don't have the internet capacity to do it at home.
16 I will counsel patients who ask "which medication
17 do I really need to take?" Because they cannot
18 afford both their diabetes and hypertensive
19 medications. I have prayed and cried with
20 families when they lose a loved one as they tell
21 me "I knew they were sick, I wish I had brought
22 them in sooner but I was worried we couldn't
23 afford it."

24 Mercy Hospital is the only full service

1 hospital in the South Side of Chicago. If it
2 closes, the next closest hospital is 5.6 miles
3 away. In Chicago traffic, that can be anywhere
4 from 15 minutes to one hour in transit time. Much
5 of Mercy's population do not have easy access to
6 transportation. They are restricted to walking or
7 public transit, which does not run at all hours of
8 the day. It is easy to say they could call 911,
9 but some are restricted by language barriers in
10 calling 911, and many are deterred by the costs of
11 an ambulance due to lack of insurance. By closing
12 Mercy, you are condemning this patient population
13 to more adverse outcomes from serious medical
14 emergencies such as heart attacks and strokes.
15 Not only does Mercy have a stroke and STEMI
16 center, it also provides exemplary obstetrics care
17 for a high risk population. Black women are 2x
18 more likely to die due to childbirth
19 complications, something the OB team at Mercy
20 works to fight against every day.

21 Besides the patient care that Mercy is
22 necessary for, it is also an excellent teaching
23 hospital. Many of us who are residents at Mercy
24 chose Mercy because this is the patient population

1 we want to serve and help. We see and recognize
2 the disparities within healthcare, and it
3 emboldens us to fight against these injustices and
4 develop strategies to improve health outcomes for
5 people of color.

6 To close this hospital in the midst of a
7 pandemic is nothing short of criminal. It is
8 saying to the Chicago community and the rest of
9 the world that black and colored lives do not
10 matter, that they are not worthy or deserving of
11 the healthcare that is guaranteed to wealthier and
12 white populations. I implore you, please keep
13 Mercy Hospital open. The city of Chicago needs
14 it. Thank you, Minti Shah.

15 MR. LUSHNIA: Greetings, I wish to express
16 our family's shock and disappointment in learning
17 of the closure of Mercy Hospital. Mercy has been
18 our hospital for over 75 years and find it hard to
19 accept that it will be gone. For over 175 it has
20 been caring for the near Southside of Chicago and
21 now, when it is needed more than ever, it is to be
22 suddenly taken away.

23 I, as an individual, will be hurt by its
24 closing. In 2009 I had double bypass heart

1 surgery at Mercy. Since then, I have been
2 attending cardiac rehab sessions twice a week at
3 Mercy at their rehab facility on the 12th floor.
4 These Phase 3 rehab sessions over the last 10+
5 years are probably the reason why, at age 85, I'm
6 alive today and in the healthy condition I'm in.
7 The care and attention received in the rehab
8 facility is far above what one can expect from a
9 health club facility.

10 We hope that some action can be taken to
11 keep Mercy Hospital from closing. The near
12 Southside of Chicago is in need of more health
13 care facilities not less. Some way needs to be
14 found to keep a needed and beautiful hospital like
15 Mercy that has been serving Chicago for 175 years
16 open and serving the near Southside.

17 Thank you for listening to my plea, Joseph
18 S. Lushnia.

19 ANONYMOUS: To whom it may concern, I
20 think the Community and Health of people would
21 hurt really bad by this decision of closing Mercy
22 Hospital. no good can come from this at all. The
23 closing of Mercy Hospital would only bring pain at
24 every level of this situation. Please do not

1 close this hospital. So many lives would be
2 affected with this very hurtful decision. Thank
3 you.

4 ALDERMAN LOPEZ: State of Illinois
5 officials, on behalf of our 25th ward constituents
6 I would like to voice our concern and opposition
7 to the closing of Mercy hospital in the middle of
8 a pandemic.

9 Mercy hospital provides vital services to
10 our constituents and we urge you to enter an
11 intergovernmental agreement with city and county
12 officials to save Mercy hospital. It will be
13 critical to start a conversation with public
14 officials and community members as soon as
15 possible to find alternatives to the closure of
16 this important hospital that provides vital
17 services during a health crisis.

18 Sincerely, Alderman Byron Sigcho Lopez.

19 MS. DOZIER: To Whom It May Concern: I'm
20 writing to express concern and sadness at plans to
21 close Mercy Hospital. I believe such a decision
22 will negatively impact access to healthcare, as
23 well as exacerbate disparities in access for
24 Chicagoans of color. In these challenging times,

1 now more than ever, the call to act according to
2 values of equity are extremely important.
3 Healthcare is a fundamental need of all humans in
4 a society, and the lack of it will only show us to
5 be callous and lacking in exactly the name of the
6 hospital being closed: Mercy. Please, have
7 mercy. Keep Mercy open.

8 Thanks for your time, Sarah Dozier.

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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 30th 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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