

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [SUSPICIOUS MESSAGE] [External] The closing of Mercy Hospital  
**Date:** Wednesday, October 28, 2020 11:39:26 PM

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To Whom It May Concern,

The American Nurses Association believes that advocacy is a pillar of nursing. I am writing this letter not only as a concerned citizen but as an advocate for our patients.

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

What I do know is that our patients do not want another outpatient facility. In the certificate of need application, Trinity Health stated that based on their community needs assessment, the area would benefit from an outpatient center that would serve around 50,000 people annually. The center would offer CT, MRI, X-ray, Ultrasound, Mammography, Echo, Urgent care, and specialty care coordination. All of these services are already accessible to the community. Advocate's Outpatient Center is a three-minute walk from Mercy Hospital.

Rush has a new center 22 blocks away, and according to a recent Sun-Times article Northwestern Hospital plans to build another outpatient facility on 31st street. A glaring issue in Trinity's plan is that it doesn't include an Emergency Room.

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

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

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

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

I am not unrealistic. There is a lot of work to be done here, but I believe we can do this with a viable plan, proper management, and financing.

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

To reward us with the shuttering of our beloved hospital would be heartbreaking not only for staff but the wider community the hospital serves. We care about patients here. Allow us to continue on with our 185-year-old legacy of caring for the poor and underserved. Please find a way to make us viable again.

Thank you for your attention,

A Mercy Nurse Advocate

## Constantino, Mike

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**From:** Court Petros [REDACTED]  
**Sent:** Thursday, October 29, 2020 2:45 PM  
**To:** DPH.HFSRB.PublicHearings  
**Subject:** Re: FW: [External] 20-039 Mercy Hospital Closure Public Hearing

I will do that. Thank you! I am just going to respond to your other emails with "received" so that you know that I will include them in the transcript.

On Thu, Oct 29, 2020 at 2:22 PM DPH.HFSRB.PublicHearings [REDACTED] wrote:

Court,

Please create a "Submitted Written Testimony – Via Email" section to the transcript and add the testimony below. Thanks!

To those concerned,

I have never had to go to Mercy Hospital but I have always been glad to know there is a hospital in my neighborhood just in case. But now due to the Covid-19 situation many of us might need a nearby hospital in the near future. It seems really inappropriate to close any hospital during a public health emergency – earlier this year McCormick Place was turned into a hospital just in case and now the coronavirus situation is getting really bad again and we are about to lose our hospital? There are not that many hospitals on the South Side as it is. Please keep Mercy Hospital open! Thank you.

Matthews Del Salto

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Good Morning Everyone!

My NAME IS ETA (E-T-T-A) DAVIS (D-A-V-I-S).

- = I AM A RESIDENT AND VICE PRESIDENT OF THE DEARBORN HOMES LOCAL ADVISORY COUNCIL AND A MEMBER OF THE KUBENIA DAVIS HOPE CENTER.
- I AM HERE TODAY BECAUSE I AM ALSO A PATIENT OF MERCY HOSPITAL AND HAVE BEEN FOR 16 YEARS OR MORE
- I AM HERE TODAY BECAUSE I <sup>HAVE</sup> ALSO WORKED IN NURSING FOR 13 YEARS AND I'VE ALWAYS THOUGHT THAT MEDICINE WAS ABOUT SAVING LIVES MORE THAN PROFITS! SOMETHING IS WRONG WITH THE SYSTEM WHEN PEOPLE WHO DON'T CARE ABOUT HUMAN LIVES ARE ABLE TO BUY INTO HOSPITALS FOR PROFITS!
- YOU SEE, IT WAS AT MERCY HOSPITAL THAT THE DOCTORS AND MEDICAL STAFF DISCOVERED THAT I WAS A DIABETIC, YES, WALKING AROUND WITH BLOOD SUGARS OF 450 OR MORE, THEY ALSO HELPED TO GET MY BLOOD PRESSURE REGULATED, I COULD HAVE PASSED OUT AT ANY GIVEN TIME! THIS IS ONE OF THE WAYS THAT MERCY HOSPITAL HAS IMPACTED MY LIFE!
- I SAW THEM BRING MY SISTER FROM THE BRINK OF DEATH, NOT ONCE BUT TWICE! I KNOW THAT MY SISTER WOULD HAVE DIED IF THEY HAD TAKEN THAT EXTRA TIME TO TRANSPORT HER ACROSS TOWN TO ANOTHER HOSPITAL. THIS IS HOW MERCY HOSPITAL HAS IMPACTED MY LIFE!
- WE HAVE OVER 216 SENIORS, NOT TO MENTION OUR DISABLED RESIDENTS, RESIDING IN THE DEARBORN HOMES. MANY OF THEM HAVE TOLD ME ABOUT AND I HAVE BEEN PRIVY TO SEEING MERCY REUNITING AND TENDING TO OUR SENIORS AND LIVES.



ALL OF THESE THINGS AND MORE ARE REASONS  
WHY MERCY HOSPITAL HAS IMPACTED MY LIFE!

- WHEN I THINK ABOUT THE POSSIBILITY OF THIS (MERCY) HOSPITAL  
LEAVING, I THINK TO MYSELF, HERE WE GO AGAIN AS WE  
DID WHEN THEY TORE DOWN MICHAEL BEECH HOSPITAL, SUPPOSE  
DROPPED TO GET MEDICAL RECORDS AND PERHAPS THE LOSS OF  
LIVES DUE TO TIME WASTED <sup>TIME</sup> IF SOMEONE, INCLUDING MYSELF,  
SHOULD EXPERIENCE CARDIAC, RESPIRATORY OR ANY KIND OF  
TRAUMA WHERE TIME IS OF THE UTMOST IMPORTANCE.
- THERE ARE SOME IN MY COMMUNITY WHO DON'T EVEN HAVE  
CARRIAGE TO GET TO OTHER CLINICS BUT THEY CAN AT LEAST  
WALK OR WHEEL THEMSELVES TO MERCY HOSPITAL. SO THESE  
ARE WAYS THAT LOSING MERCY HOSPITAL WOULD AFFECT ME  
AND OTHERS.
- THE MAJORITY OF PEOPLE WHO ARE DYING FROM COVID ARE  
BLACK AND BROWN PEOPLE AND YET YOU WANT TO CLOSE THIS  
HOSPITAL AND ESPECIALLY DURING A PANDEMIC!
- WE NEED GOV. PRITZKER, MAYOR LORI LIGHTFOOT AND THE  
TRINITY ORGANIZATION, ALONG WITH THE STATE BOARD AND  
ANYONE ELSE THAT IT TAKES TO COME UP WITH A SOLUTION  
TO SAVE THIS HOSPITAL AND WE NEED IT NOW!
- I LISTEN TO GOV. PRITZKER AND MAYOR LIGHTFOOT TALKING  
ABOUT THE STATS ON COVID AND THAT'S GOOD THAT WE'RE  
BEING INFORMED. NOW WE NEED TO HEAR FROM THEM ON  
WHAT THEY'RE DOING TO SAVE MERCY AND OTHER HOSPITALS  
FACING CLOSURES IN BLACK COMMUNITIES. WE ALSO NEED TO  
HEAR FROM YOU <sup>PRESIDENT</sup> JONI PECKWINKLE. I CAN'T HEAR YOU! →  
SAVE MERCY HOSPITAL

I JUST HEARD A TRINITY REPRESENTATIVE SPEAK  
ABOUT ~~THE~~ BUILDING<sup>A</sup> NEW HOSPITAL. IF ITS NOT IN

## Constantino, Mike

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**From:** Court Petros [REDACTED]  
**Sent:** Thursday, October 29, 2020 2:46 PM  
**To:** DPH.HFSRB.PublicHearings  
**Subject:** Re: FW: [External] Mercy Hospital closing

Received. Thank you.

On Thu, Oct 29, 2020 at 2:29 PM DPH.HFSRB.PublicHearings [REDACTED] wrote:

Please add – thanks!

Dear Governor,

I am a registered nurse. Mercy Hospital, where I worked for forty years before I retired is slated to close next year. The people of Bronzeville, Bridgeport, Canaryville and Chinatown do not need an outpatient center, as has been proposed to replace it. They need an inpatient, fully functioning hospital. There is not enough capacity in the hospitals remaining to accommodate these people

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

The emergency department at Mercy saw over 50,000 visits last year. Where are all these people going to go?

Most sincerely,

Patricia Lynch, BSN RN



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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] 20-039 Mercy Hospital Closure Public Hearing  
**Date:** Wednesday, October 28, 2020 3:32:10 PM

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To the Review Board,

Is closing a hospital and reducing access to health care really the right thing to do as our city, country, and the world struggle to contain a pandemic? We should be increasing our resources devoted to health care, especially in underserved communities, not to mention preserving those important jobs in the midst of already high levels of unemployment! As Covid-19 continues to put a strain on healthcare providers with no end in sight, we need to make sure hospitals remain open so that essential services like preventative care and screenings remain available or the ramifications for the future health of our residents are even more dire once we have moved past this crisis.

Also, as a Bridgeport resident without a car, having access to a hospital via public transportation is very important to me. Mercy Hospital is a short bus ride away and I can even walk there if I have time. I have always found the hospital to provide a consistently high level of service, regardless of the income level of those that they serve. Please do not allow this important resource to close!!

Thank you,  
Alice McGorty



Virus-free. [REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] Mercy Hospital Closing  
**Date:** Wednesday, October 28, 2020 3:14:17 PM

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I began my nursing career at Mercy Hospital in 1978. I was impressed with the Sisters of Mercy and their philosophy of treating everyone with respect and love regardless of ability to pay. I gave birth to 2 of my children there. I was cared for by some of the finest medical staff on many admissions. Many of my family members we cared for as well. So many of my neighbors and friends too have been patients at Mercy. I have met so many patients and their families at Mercy. Over the years I have watched them grow up and grow old and some have passed on to a better life in Heaven. It has been an honor to be associated with the Mercy Community. If Mercy does close its doors I will be able to find new healthcare although I will miss my Mercy Family. I worry greatly about those in the community that will have great difficulty finding new providers and man not seek medical attention when necessary . PLEASE if there is anyone out there that can come up with a plan to continue the Mercy Family PLEASE come forward in our time of need.

Thankyou for hearing us.

Jill Ramel RN  
10650 S Plahm Ct  
Worth, I'll 60482

Sent from my iPhone

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] Testimony for saving Mercy Hospital and Medical Center  
**Date:** Tuesday, October 27, 2020 1:15:26 PM

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To Whom it May Concern,

My name is Meghana Sharma and I worked as an Emergency Room Technician at Mercy Hospital and Medical Center from June 2015-August 2017. I believe the City must take action to save Mercy from closure immediately. Mercy Hospital serves a vital function by ensuring equitable access to quality healthcare in an underserved community. Removing this hospital will negatively affect the health of thousands of individuals who count on the providers, resources, and numerous services offered at Mercy.

As a safety net hospital, Mercy has committed to providing care to vulnerable patients regardless of their ability to pay. With over 50,000 ER visits and 3,500 elective surgeries a year, it is evident that thousands of Chicagoans rely on the services provided by Mercy. In a city where eight major hospitals have already closed in the past two decades, we as a community cannot afford to lose another. Governor JB Pritzker and the City of Chicago must act now to allocate funds to save Mercy hospital and commit to saving other troubled hospitals in the South Side area.

From my own experience, Emergency Rooms in Chicago are already overburdened with patients causing extremely long wait times and overflowing waiting rooms. This potentially can lead to dangerous situations for severely ill or contagious patients. Many of these Emergency Room patients ultimately need to be admitted and observed with chronic or underlying health conditions. Removing Mercy as a resource for these patients will cause immeasurable damage to the public health of the community because it will remove a crucial healthcare access point.

We are also in a global pandemic and healthcare crisis. We do not know what the future will hold in terms of long term effects of COVID-19. My own mother was diagnosed as a Covid-19 long hauler and suffered for months after her initial infection. This illustrates the need for inpatient services to be available to the community, and this is especially imperative for black and brown communities. We need to support and uplift these communities who are disproportionately at risk for contracting and dying of COVID-19. We need City Councilors and the appropriate stakeholders to commit to dismantling the structural racism present in the healthcare system and ensure that these communities will continue to have access to treatment.

Healthcare is a human right and the City needs to support that right by taking the necessary steps to keep Mercy hospital open. Forcing patients in communities with less access to healthcare travel EVEN farther for life-saving interventions and treatment is absolutely unacceptable. With the future of the global pandemic uncertain and the data proving Chicago's rising infection and death rate, the City and Governor JB Pritzker must act in the best interest of the public health of the South side of Chicago and immediately provide the funds necessary to keep Mercy Hospital and Medical Center open.

Sincerely,



Meghana Sharma, MPH  
Senior Research Coordinator  
Division of General Internal Medicine  
University of Pennsylvania

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] Save Mercy  
**Date:** Wednesday, October 28, 2020 6:55:54 PM

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I have been working at Mercy Hospital for 31 years. Before I was an employee, I was and still is a patient. This hospital has served me and my family all of my life. It has been a place for people to receive quality care with a loving touch. Please save our special place.

## Constantino, Mike

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**From:** Court Petros [REDACTED]  
**Sent:** Thursday, October 29, 2020 2:45 PM  
**To:** DPH.HFSRB.PublicHearings  
**Subject:** Re: FW: [SUSPICIOUS MESSAGE] [External] Speaking AGAINST The Closing of Mercy Hospital

Received. Thank you.

On Thu, Oct 29, 2020 at 2:28 PM DPH.HFSRB.PublicHearings [REDACTED] wrote:

Please add – thanks!

My name is Heather Wills and I am against the closing of Mercy Hospital. I am contacting you because Trinity wants to believe a lie—Trinity wants you to think that their health system is poor—too poor to be able to afford to keep Mercy open.

Poor is struggling to pay the rent, put food on the table and struggling to get the healthcare you need to keep you and your family healthy. Trinity doesn't know anything about being poor since Mercy recorded over 4 million in excess revenue over expenses in 2020, after Trinity claimed the hospital was losing millions. And Trinity, which owns and runs Mercy, reported having over \$30 billion—yes, that's BILLION with a B—in assets earlier this year, that included nearly \$12 Billion in unrestricted cash and investments—meaning money they can use however they want. I know you don't think \$12 billion to do what you want is poor. Not one of us will ever see \$12 billion in our life!

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

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October 26, 2020

Illinois Health Facilities Services and Review Board:

I am writing this letter anonymously as we have been threatened by the administration of Mercy Hospital, that coming forward regarding the closure would mean termination. I had planned to attend not for myself, but rather for the patients that I serve. I have been involved with Mercy Hospital and Medical Center for 41 years. I have seen the many changes that have occurred after Trinity Health Care took over Mercy Hospital but our patient population remains the same. We treat the underinsured and uninsured. We have always cared for these people regardless of where they came from, no questions asked. It is important that you understand exactly how much these patients need our help. Many of us could work elsewhere for much higher wages but it is our choice to serve this population and we have done so with great pride. These patients are mainly Black, Hispanic, and Chinese., who ace significant challenges in seeking out medical care. I have found many patients have limited grasp of the English language while others have little to no reading skills. They often come to us at a extremely advanced stage as they don't trust the system to seek help at an earlier point in their illness. Many Blacks are afraid to come to the hospital because of the mistreatment over the years, as evidenced by the Tuskegee Study of Untreated Syphilis in the Negro male. I have witnessed first hand the mistrust, but we at Mercy have always worked to gain the trust of these patients by treating them as individuals, not a number. The Hispanic and Chinese patients wait either because of insurance issues or the language barrier. At Mercy we have always worked to not only treat the body but the mind and spirit as well. Transportation also poses a huge hurdle as many of the patients do not own cars and depend on public transportation. Without a hospital nearby, many patients will just not seek care. They have verbalized this to me personally. I have experienced trying to make appointments at Northwestern and the University of Chicago for patients when we are unable to provide a service or the patient would like a second opinion. The first question asked is the insurance type and then I am either told that they don't take that insurance or the patient is given an appointment so far out that it is not reasonable. This is my personal experience! The patients that we do send will return feeling marginalized and defeated.

I know firsthand the importance of personal care with cancer patients. They rely on you. They believe you are a lifeline. We at Mercy treat them as family. We come to know them and their needs. There is many times a patient cannot afford the needed nausea medication and again I have seen nurses and physicians give patients the money needed for the medication. I have seen patients who need assistance with filling out forms and not complying, only to learn that the have limited reading skills and are too embarrassed to admit it. The nurses take on that responsibility, many times on their own time to help the patients comply to receive the needed medication. These patients are very sick and fighting for their lives but many have said that they will not be able to travel to get to the treatments if Mercy closes. These patients have voiced their fears about losing their lifeline with this closure. They have come to believe and depend on their doctors and nurses and now must find a new hospital and healthcare team.

I am asking you members of this committee to put yourself in their shoes. Try to imagine that in the midst of fighting to live you must now find care elsewhere. This is a vulnerable population that already mistrusts the system.

The Obstetrics Department at Mercy last year delivered more babies than Prentice Northwestern. Where are these women going to go? How far do they have to travel when transportation is an issue? An outpatient center is not going to deliver babies. Many of these women have little insurance. At Mercy they are not only treated with dignity and respect but they are taught how to care for these infants before they are discharged. The nurses make sure that the mothers are equipped with what they need prior to discharge.

Mercy Hospital was founded in 1827. It is the oldest chartered hospital in the City of Chicago. It survived and treated the victims of the Chicago Fire. It is a premier teaching hospital with its physicians in practice throughout the country in numbers too many to count. Losing this teaching program will be a huge loss to the Medical Community as physicians will no longer learn how to deal and work with patients in a marginalized community.

Let's review some numbers:

- Mercy did over 3000 procedures last year or one procedure every hour.
- Mercy Medical Group had 100,000 patient visits last year or more patients than a sold out Bears Game.
- Mercy Emergency Room had 45,000 visits with is more patients than a sold out Cubs game.
- **Trinity Healthcare has closed 9 safety net hospitals.**

The dire need of Mercy Hospital on Chicago's South Side does not even factor in the ongoing pandemic. How do you close a hospital during a pandemic? Patients are not going to travel far when they are sick. This is the very definition of racial disparity. **This is going to be a healthcare desert and people are going to die! I am asking you to please Save Mercy Hospital.** Please search your conscience and make the right choice for this population.

Thank you,

Anonymous not by choice.



# Coalition For A Better Chinese American Community 華埠更好團結聯盟

October 29, 2020

To the Illinois Department of Public Health:

I write on behalf of the Coalition for a Better Chinese American Community (CBCAC), a community planning and policy advocacy organization based in Chicago's Chinatown. CBCAC opposes the closing of Mercy Hospital and Medical Center and urges Governor Pritzker and the Illinois Department of Public Health to seek the financial and operational resources necessary to enable Mercy Hospital to continue to serve the residents of the Near South Side.

According to Mercy Hospital's 2016-2018 Community Health Needs Assessment Implementation Strategy Report, the hospital serves a diverse population of patients: 56% African American, 26% Caucasians, 16% Hispanic, and more than 2.4% Asian. Between 80% and 90% of the population served by Mercy are economically challenged, underserved, underprivileged, and typically uninsured. The 2.4% figure belies the fact that with its proximity to Chinatown, Mercy is the preferred hospital for many of the typically Limited English Proficiency, low income immigrant families in Chinatown for the past two or three generations. Mercy is also one of a few hospitals and clinics that have Chinese-speaking medical and administrative staff equipped to provide linguistically and culturally appropriate care to the Chinatown community.

With the impending closure of Cook County's Near South Clinic, which also sees a fair number of low-income, Chinese-speaking patients, many Chinese American residents in the Near South area will have to travel longer distances to seek primary and specialty care. Many Chinatown residents are understandably concerned. CBCAC circulated a petition in the heart of Chinatown on Saturday, October 14, 2020 and collected a total of 187 signatures in approximately two hours. The 19 pages of signatures are attached.

Sincerely,

Executive Director, Coalition for a Better Chinese American Community





## Petition to Stop Mercy Hospital from Closing

Mercy Hospital opened in 1852 and is Chicago's oldest hospital. Many Chinese American families living in and near Chinatown have used Mercy Hospital over the years because it is the closest hospital to Chinatown and has Chinese-speaking medical and administrative staff. In July, the Hospital announced that it will close by May 2021. We want to stop Mercy Hospital from closing.

慈愛醫院開辦於1852年，是芝加哥歷史最悠久的醫院。多年來，眾多居住在唐人街和附近的華人家庭都在慈愛醫院接受服務，因為它是離唐人街最近的醫院，並有講中文的醫療和行政職員。慈愛醫院7月時宣布會將在2021年5月前關閉，我們不希望慈愛醫院關閉。

Name 姓名	Date 日期	Signature 簽名	Phone number 電話號碼
TIN CUI MEI	10/24/ 2020	Tin Cui Mei	
FENG SHUANG	10/24/ 2020	FENG SHUANG LI	
	10/24/ 2020	Xiao huan Jin	
HUI + LOO	10/24/ 2020	HUI + LOO	
Chi Xiang	10/24/ 2020	Chi Xiang Lao	
Shan Cheng	10/24/ 2020	Shan Cheng	
林川欣華	10/24/ 2020		
Yao Guang Yan	10/24/ 2020	Yao Guang Yan	
	10/24/ 2020		
	10/24/ 2020		





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Ying Kit Chiu	10/24/ 2020		
XU EPI MU	10/24/ 2020		
Jian Ping Zang	10/24/ 2020		
Shao Shu fen	10/24/ 2020		
Kui zi zhang	10/24/ 2020		
Chen mei Tan	10/24/ 2020		
wanlian Liu	10/24/ 2020		
Karen Lee	10/24/ 2020		
Ming Lee	10/24/ 2020		
	10/24/ 2020		



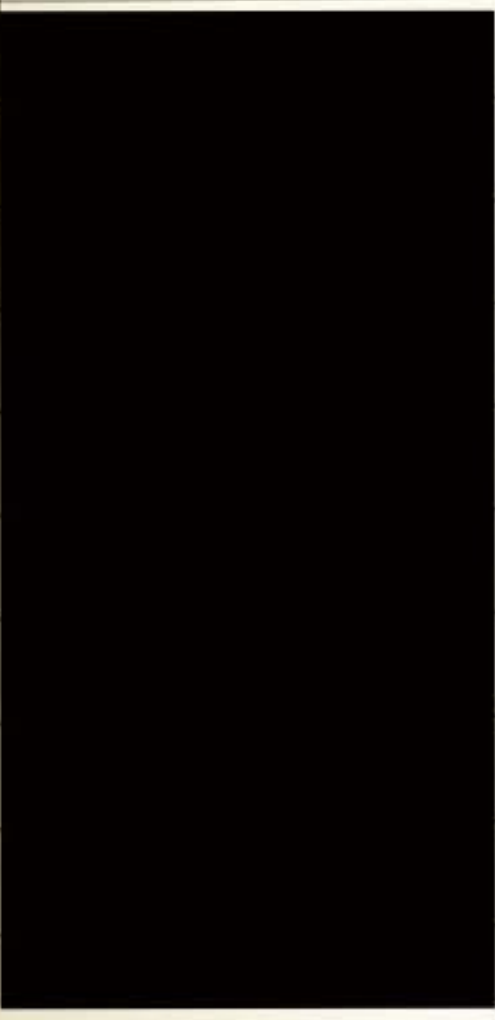


Coalition For A Better  
Chinese American  
Community 華裔社區聯盟

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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Hua Yu	10/24/ 2020	Hua Yu	
Xiaolong Yu	10/24/ 2020	Xiaolong Yu	
Xiao Yu	10/24/ 2020	Xiao Yu	
Yu Wei Li	10/24/ 2020	Yu wei li	
Wu Ming	10/24/ 2020	Wu, Ming	
Yu Ai Wu	10/24/ 2020	Yu Ai Wu	
Yi Zhen Ming	10/24/ 2020	Yi Zhen Ming	
Hao Xi An	10/24/ 2020	Hao Xi An	
Xiu Yu	10/24/ 2020		



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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Jing	10/24/ 2020	ZHU	
Yu	10/24/ 2020	CHANG CHEN	
SH	10/24/ 2020	SUONG HUONG	
WU	10/24/ 2020	FEI ZHEN	
JIANG XING RONG	10/24/ 2020	XING RONG	
	10/24/ 2020	LAI BIN RONG	
Qu Chen	10/24/ 2020	Qu Chen	
YU XIAO	10/24/ 2020	YU XIAO	
ZHEO MINQ	10/24/ 2020	MI Q ZHEO	
TAN YUAN	10/24/ 2020	TAN YUAN	





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Mimi	10/24/ 2020	Mimi Wan	
Chang) un	10/24/ 2020	Chang	
Shen Jun Tong	10/24/ 2020	Shen Jun Tong	
Jing Kast	10/24/ 2020	Jing Kast	
NILDE PERKSTRESS	10/24/ 2020	Nr Be	
Ai Ping Huang	10/24/ 2020	ai ping Huang	
Jun)oke (Lan)	10/24/ 2020	Jun)oke (Lan)	
Su Lip Jief	10/24/ 2020	Su Lip Jief	
Huang)un	10/24/ 2020	Huang)un	
Peinongchen	10/24/ 2020	Peinongchen	



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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Li Hua Mei	10/24/ 2020	Li Hua Mei	
Zhouhua	10/24/ 2020	Zhouhua	
Quixichen	10/24/ 2020	Quixichen	
Eva Liang	10/24/ 2020	Eva Liang	
Jinlan Ruan	10/24/ 2020	Jinlan Ruan	
Mnc Rosa	10/24/ 2020	岑美娥	
Samantha Li	10/24/ 2020	Samantha Li	
CAI FENG LA	10/24/ 2020	Cai Feng Luo	
Xiu Lan Zeng	10/24/ 2020	Zeng	
Nai Jing Gu	10/24/ 2020	Gu	



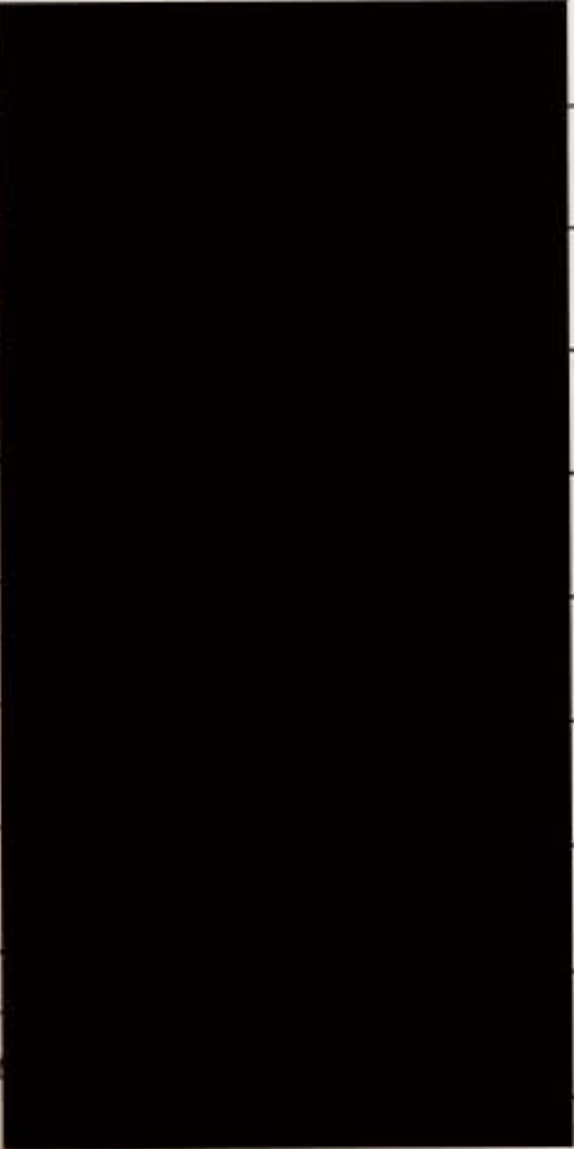


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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Juan Ping Wu	10/24/ 2020	Juan Ping Wu	
Sam Chuli	10/24/ 2020	Sam Chuli	
Dai Rick	10/24/ 2020	Dai Rick	
CHING Y CHAN	10/24/ 2020	ching y chan	
KOW KONG	10/24/ 2020	SZE To	
YUE Xiong	10/24/ 2020	yue xiong	
Eu Ling	10/24/ 2020	Eu Ling	
Cau Siu	10/24/ 2020	A Se	
XINGJUN KAN	10/24/ 2020	XINGJUN KAN	
	10/24/ 2020		



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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Jing Mack	10/24/ 2020	Jing Mack	
Bao Yu Mei	10/24/ 2020	Bao Yu Mei	
Zhong Xiao	10/24/ 2020	Zhong Xiao	
Viet Hu	10/24/ 2020	Viet Hu	
Ya Ping Mei	10/24/ 2020	Ya Ping Mei	
Fai Fung	10/24/ 2020	Fai Fung	
Geat Lan	10/24/ 2020	Geat Lan	
Ri Hae HU	10/24/ 2020	Ri Hae HU	
Alice Mory	10/24/ 2020	Alice Mory	
	10/24/ 2020		





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Ray Jagielski	10/24/ 2020	Ray Jagielski	
Joe Mantlo	10/24/ 2020	Joe Mantlo	
JONATHAN MARTINEZ	10/24/ 2020	Jonathan Martinez	
SHERY WAGNER	10/24/ 2020	Sheri Wagner	
DEMETRIO MURDO	10/24/ 2020	Demetrio Murdo	
DARLENE PATRICK	10/24/ 2020	Darlene Patrick	
Yubin Liang	10/24/ 2020	Yubin Liang	
Han Sheng	10/24/ 2020	Han Sheng Teng	
Alice Che	10/24/ 2020	Alice Che	
Cyber Li	10/24/ 2020	Cyber Li	





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Kwong LAM	10/24/ 2020	Ky LAM	
Prichaygee	10/24/ 2020	Prichaygee	
242 Q HUANG	10/24/ 2020	242 Q HUANG	
Tsz Lee	10/24/ 2020	Tsz Lee	
Tiffany mai	10/24/ 2020	Tiffany mai	
Yvonne Li	10/24/ 2020	Yvonne Li	
zhuk. d.	10/24/ 2020	zhuk. d.	
XUE,	10/24/ 2020	Xue	
Joshua Tam	10/24/ 2020	Joshua Tam	
Bri Yan	10/24/ 2020	Bri Yan	





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Xiu Ling Chen	10/24/ 2020	Xiu Ling Chen	
KW Wai He	10/24/ 2020	KW Wai He	
Wing Choi	10/24/ 2020	Wing Choi	
Dongmei Li	10/24/ 2020	Li	
SERENA MUI	10/24/ 2020	SERENA MUI	
Haiyan He	10/24/ 2020	Haiyan He	
DENNIS LEUNG	10/24/ 2020	Dennis Leung	
Fu Guan Lin	10/24/ 2020	Fu Guan Lin	
Yuying Wu	10/24/ 2020	Yuying Wu	
Yim Kwan	10/24/ 2020	Yim Po Kwan	



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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Xu zhen zhang	10/24/ 2020	Xu zhen zhang	
Cai yong zhang	10/24/ 2020	Cai yong	
Jing Yuan Li	10/24/ 2020	Jing Yuan Li	
LI MIN LI	10/24/ 2020	Li min li	
JIANG JIN	10/24/ 2020	jin	
CHANG	10/24/ 2020	chang	
Ru yu chen	10/24/ 2020	Ru yu chen	
fan zhen lin	10/24/ 2020	fan zhen lin	
Ci feng li	10/24/ 2020	Ci feng li	
zhi fen jiang	10/24/ 2020	zhi fen jiang	





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Chen, Sieling	10/24/ 2020	Sieling Chen	
Wing Tam	10/24/ 2020	Wing Tam	
Mabel Moy	10/24/ 2020	Mabel Moy	
Chris Javier	10/24/ 2020	Chris Javier	
Clara Siu	10/24/ 2020	Clara Siu	
Jane Moy	10/24/ 2020	Jane Moy	
Becky Javier	10/24/ 2020	Becky Javier	
	10/24/ 2020		
	10/24/ 2020		
	10/24/ 2020		





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Name 姓名	Date 日期	Signature 簽名	Phone number 電話號碼
Cuimei Tang	10/24/ 2020	Cuimei Tang	
Peter M. Chan	10/24/ 2020	Peter M. Chan	
Yi Yu	10/24/ 2020	Yi Yu	
Huijuan Lee	10/24/ 2020	Huijuan Lee	
Lingyi Ou	10/24/ 2020	Lingyi Ou	
Jianchang Xu	10/24/ 2020	Jianchang Xu	
Meixia He	10/24/ 2020	Meixia He	
Shijun Liang	10/24/ 2020	Shijun Liang	
Leiguo	10/24/ 2020	Leiguo	
	10/24/ 2020		

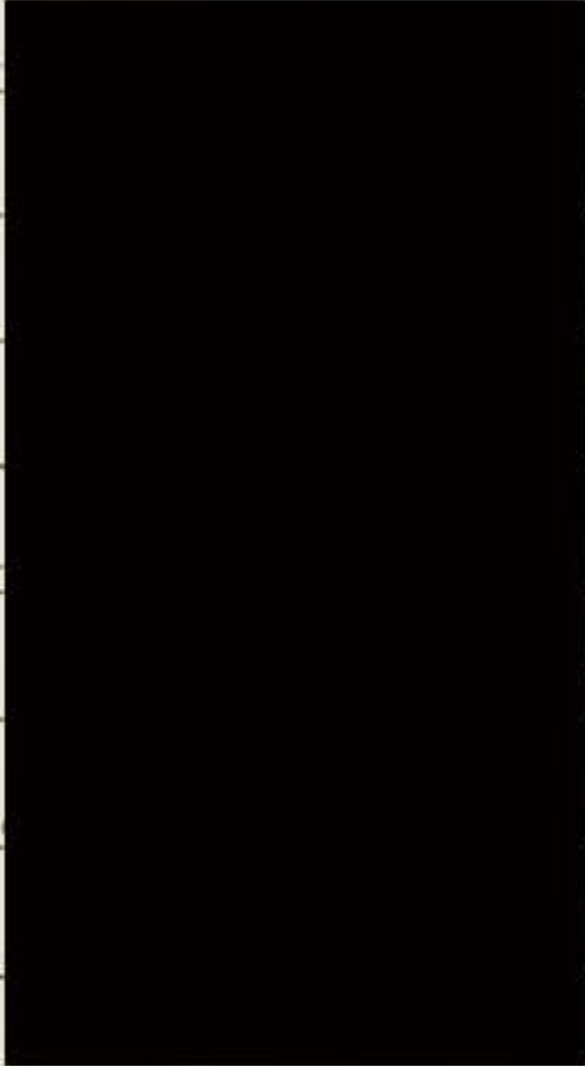




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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Mai Wong	10/24/ 2020	Mai Wong	
Yao Guang Yan	10/24/ 2020	Yao Guang Yan	
Li Qiong Cao	10/24/ 2020	Li Qiong Cao	
Tu De Ren	10/24/ 2020	Tu De Ren	
Jian Long Tan	10/24/ 2020	Jian Long Tan	
Siu, Chun Wai	10/24/ 2020	Siu, Chun Wai	
Fiona Qiu	10/24/ 2020	Fiona Qiu	
Cris Vukobratovic	10/24/ 2020	Cris Vukobratovic	
	10/24/ 2020		
	10/24/ 2020		





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
KE SUN OH YUN	10/24/ 2020	Meigiong HUANG	
CHANG AI LAM	10/24/ 2020		
AI FENG CHEN	10/24/ 2020	AI FENG CHEN	
Wun Yung Li	10/24/ 2020	wun yung	
SHU ET TAO LAM	10/24/ 2020	Shuet Tao Lam	
WEI HONG MO	10/24/ 2020	Wei Hong MO	
David Wu	10/24/ 2020	David Wu	
Ruth Lin	10/24/ 2020	Ruth Lin	
WING SZE PANG	10/24/ 2020	Wing Sze PANG	
MIN KON CHENG	10/24/ 2020	MIN KON CHENG	





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Name 姓名	Date 日期	Signature 簽名	Phone number 電話號碼
Shi Li	10/24/ 2020	Shi Li	
Yanzhu Huang	10/24/ 2020	Yanzhu Huang	
SONG DI	10/24/ 2020	SONG DI	
Hai Quan Gao	10/24/ 2020	Hai Quan Gao	
Wan Yu Ma	10/24/ 2020	Wan Yu Ma	
He Liu	10/24/ 2020	He Liu	
SU Yin Tian	10/24/ 2020	SU Yin Tian	
Yin S' peng	10/24/ 2020	Yin S' peng	
Guan Teng	10/24/ 2020	Guan Teng	
HUA GUO ZHANG	10/24/ 2020	HUA GUO ZHANG	



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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Hai, Yuntang	10/24/ 2020	Hai Yuntang	
Tu Xingbin	10/24/ 2020	Tu Xingbin	
Ying B Chen	10/24/ 2020	Ying B Chen	
Sophia Yen	10/24/ 2020	Sophia Yen	
Subing Fang	10/24/ 2020	Subing Fang	
Huikun	10/24/ 2020	Huikun	
Jacob Yau	10/24/ 2020	Jacob Yau	
Hangyong Song	10/24/ 2020	Hangyong Song	
Minxi Zhou	10/24/ 2020	Minxi Zhou	
Gregorio Abichan	10/24/ 2020	Gregorio Abichan	





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Name 姓名	Date 日期	Signature 签名	Phone number 电话号码
Yewen Lu	10/24/ 2020	Yewen Lu	
Xiaoyu	10/24/ 2020	Xiaoyu He	
Huayu	10/24/ 2020	Huayu	
Daniel Nham	10/24/ 2020	Daniel Nham	
ZHUO WEN YU	10/24/ 2020	Zhuo Wen Yu	
Baume	10/24/ 2020	Baume	
Gigi Peng	10/24/ 2020	Gigi Peng	
Beiguo Teng	10/24/ 2020	Beiguo Teng	
Jiehe Chen	10/24/ 2020	Jiehe Chen	
Chun Xing	10/24/ 2020	Chun Xing	



**FOR IMMEDIATE RELEASE: October 28, 2020**

**MEDIA CONTACT:** [REDACTED] **312-791-0418)**

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## **Impact of Mercy Hospital Closure on Southside Community**

**CHICAGO**—Closing the doors of Mercy Hospital & Medical Center in Chicago would result in a devastating blow to residents who call the surrounding areas home. The Chinese American Service League (CASL) opposes the decision to close Mercy's doors—closing due to financial obligations instead of its obligation to “do no harm” by its patients. The 170-year old, not-for-profit institution represents an oasis in a region that would otherwise be known as a “health care desert.” Nearly [40%](#) of Chicago's population lives in Mercy's service area. Nestled on the Near South Side, Mercy offers medical care to vulnerable populations who would traditionally have had limited access. Neighborhoods served by Mercy have [higher rates of mortality from diabetes, cancer and stroke](#). Where private transportation by car is a luxury many residents in the surrounding areas cannot afford, the hospital's location offers much-needed convenience in a [7-mile radius](#).

Its 363 beds, busy emergency room, cancer navigation program, and labor and delivery center represent just part of the fundamental need for greater health equity. According to Mercy's 2019 community needs assessment, between [80% and 90%](#) of the population served by Mercy were economically challenged, underserved, underprivileged, and uninsured. On average, seventy-five percent of Mercy's revenue came from Medicare and Medicaid. Combined with [“\[the\] financial pressures exacerbated by the pandemic at a time when...hospitals' role has become more important: Their core patients — the poor and people of color—have been disproportionately stricken by COVID-19 in Chicago.”](#)

Access to health care is broadly defined as the [“the timely use of personal health services to achieve the best health outcomes”](#) (Institute of Medicine, 1993). Several factors influencing access to health care include, but are not limited to: [proximity, affordability, availability, convenience, accommodation, reliability, and quality](#). As hospitals move towards integrating community health and wellness into all affairs, three elements remain critical: the spectrum of services offered, location, and partnerships. Health care needs to become better coordinated, more comprehensive, and extend past hospital walls.

Traditional inpatient hospital care has already begun this transformation by intersecting with public and community health to reduce readmission rates. The U.S. health care system continues to grapple with increased chronic disease management, changing national demographics, increased responsibility around care coordination and medical homes, and the elimination of disparities in care. [Chronic diseases are the leading causes of morbidity and mortality](#). It is essential that health policy addresses patients and caregivers, and community leaders recognize how social determinants of health (SDoH)—[the conditions in which people are born, grow, live, work, and age](#)—can greatly impact a patient's ability to achieve good health.

To address most SDoH barriers, CASL collaborated with Mercy to launch [the CASL Community Resource Center](#) in 2019. Housed in the inpatient and outpatient settings of Mercy's campus, the Center acts as a pre- and post-discharge site where patients can explore additional options in their continuum of care. As one of the most comprehensive social service agencies in the Midwest and a national leader in data-informed practice, CASL is acutely aware that patients don't recover in a vacuum. To that end, let us not waste this opportunity to rise to the challenge, by preserving Mercy's legacy of care to some of Chicago's neediest communities. Perhaps best said by the World Health Organization Leader Margaret Chan, **“When it comes to health, equity is a matter of life and death.”**

###

## **Chinese American Service League**

For over 40 years, the Chinese American Service League's (CASL) comprehensive programs have connected families and individuals in the greater Chicago Chinese community with the vital support they need: providing an educational and cultural foundation for our children, ensuring our seniors live full and independent lives with dignity, enhancing education and training for tomorrow's workforce, putting immigrants on the pathway to citizenship, and securing our community's housing and financial well-being.

## Constantino, Mike

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**From:** Colleen Shields [REDACTED]  
**Sent:** Thursday, October 29, 2020 2:34 PM  
**To:** DPH.HFSRB.PublicHearings  
**Subject:** [External] Mercy Hospital Closing Public Hearing

To whom this may concern:

As an Emergency Medicine physician who works and trained at Mercy Hospital, we are all displeased by the current decision of the administration to close this hospital. I have served thousands of patients from the community who I often wonder what would have happened had they not been able to walk to the hospital, take public transportation here or if their ambulance ride had been 15-20 minutes longer. We are a stroke center, STEMI center, cancer center, have an excellent intensive care unit, surgery center and psychiatric hospital. All of these components are vital to the community of Bronzeville and the south side of Chicago.

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

I was really taken aback recently when one of my older patients, recently widowed and his daughter who committed suicide, who receives all his care from Mercy said he couldn't afford the parking at RUSH for one of his specialist visits. Coming to Mercy is easy for him, as it is closer to his house, parking is free, the hospital is smaller thus more manageable for the older population. He often gets lost when attending visits at RUSH. Another notable patient visit was an older woman, well known amongst community, who lives in Bronzeville, she commonly receives care at Mercy and is worried for her fellow elderly friends. Bronzeville has the most senior buildings in the city and thus Mercy serves a pertinent role for this population.

We receive thousands of ambulance visits per year, I'm not sure how the rest of the Chicago hospitals can absorb this volume. The closest other hospitals are on average 15-20 minutes further by EMS; critical heart attacks, strokes, and cardiac arrests this time is invaluable. This could mean life vs death or life vs significant disability. Having worked at other hospitals across the city where waiting rooms commonly have 30+ patients waiting, taking away Mercy is only going to make this worse. We see approximately 50,000 ER visits a year.

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

I am advocating for the members of the board to revoke this decision and keep The Spirit of Mercy alive. The patients and community desperately need this hospital! I hope to continue serving this community in the future and for years to come.

Respectfully,

Dr. B. Colleen Shields Clinton  
Attending Emergency Medicine Physician



Illinois House of Representatives

**District Office:**

2108 W 35th St.

Chicago, IL 60609

Office: (872) 281-5775



**Springfield Office:**

270-S Stratton Office Building

Springfield, IL 62706

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**Theresa Mah**

State Representative • 2nd District

Representante Estatal - 伊州眾議員

**Testimony on the Proposed Closure of Mercy Hospital**

Good Morning, I'm State Representative Theresa Mah. I represent the 2<sup>nd</sup> House District in the IL General Assembly. My district is just a few blocks west of Mercy Hospital but the Hospital might as well be in my district. So many of my constituents in Chinatown, Armour Square, Bridgeport, and East Pilsen rely on this hospital as the closest full-service hospital providing for their health care needs.

As a state legislator representing a large number of constituents within Mercy Hospital's service area and as a resident who myself relies on Mercy Hospital and its physicians group as the provider of my own healthcare, I am strongly opposed to the closure announced recently.

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

Residents in the eastern part of my district, especially Chinese immigrant families and seniors in Chinatown, are already challenged by various barriers to adequate healthcare such as transportation and language access. The proposed closure would increase these barriers significantly as residents would need to travel farther and interact with hospital systems in other communities not prepared to serve the specific needs of this population.

The nearest full-service hospitals are on average more than five miles away. 5 miles may not seem very far to the average person, but for the population I represent—Chinese immigrants, many of whom are Limited English Proficient,

senior citizens, transportation-challenged and from low-income families that rely on the services of this community, safety-net hospital—5 miles may as well be on a different planet. 5 miles is a matter of life or death, a matter of having access to healthcare or none at all.

These factors that I just mentioned, immigrant status, English proficiency, distance and access to transportation, income level—these are factors that contribute to the social determinants of health that already make access to healthcare difficult and contribute to the gaping racial health disparities that already exist in our communities. These racial disparities in health care—that cut down the average lifespan of our community members based on race, class and immigration status should be what we are all working on to break down, not increase!

It is the height of irresponsibility; it is heartless and deeply detrimental to our communities to propose this closure in the middle of a pandemic, especially one that has already exposed the deep inequities that exist in our society. Closing this hospital will only deepen those inequities, multiplying the health disparities, because this closure absolutely disproportionately affects black, brown, poor, elderly, and immigrant communities.

The availability of healthcare should not be based on profit calculations. Healthcare is a human right and our communities' welfare deserves to be considered in these decisions that fundamentally affect their health.

I want to make sure it is absolutely clear and on the record that access to healthcare is of utmost importance to me. It has always been a top priority for the residents of my district. I believe it is unconscionable for a wealthy and profitable parent company to close a hospital in a minority, low-income area during a pandemic when other hospitals in wealthier areas under their ownership are expanding and receiving investments for upgrades.

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



Good Morning Everyone!

My NAME IS ETA (E-T-T-A) DAVIS (D-A-V-I-S).

- = I AM A RESIDENT AND VICE PRESIDENT OF THE DEARBORN HOMES LOCAL ADVISORY COUNCIL AND A MEMBER OF THE KOBENIA BURNS HOME CENTER.
- I AM HERE TODAY BECAUSE I AM ALSO A PATIENT OF MERCY HOSPITAL AND HAVE BEEN FOR 10 YEARS OR MORE
- I AM HERE TODAY BECAUSE I <sup>HAVE</sup> ALSO WORKED IN NURSING FOR 13 YEARS AND I'VE ALWAYS THOUGHT THAT MEDICINE WAS ABOUT SAVING LIVES MORE THAN PROFITS! SOMETHING IS WRONG WITH THE SYSTEM WHEN PEOPLE WHO DON'T CARE ABOUT HUMAN LIVES ARE ABLE TO BUY INTO HOSPITALS FOR PROFITS!
- YOU SEE, IT WAS AT MERCY HOSPITAL THAT THE DOCTORS AND MEDICAL STAFF DISCOVERED THAT I WAS A DIABETIC, YES, WALKING AROUND WITH BLOOD SUGARS OF 450 OR MORE, THEY ALSO HELPED TO GET MY BLOOD PRESSURE REGULATED, I COULD HAVE PASSED OUT AT ANY GIVEN TIME! THIS IS ONE OF THE WAYS THAT MERCY HOSPITAL HAS IMPACTED MY LIFE!
- I SAW THEM BRING MY SISTER FROM THE BRINK OF DEATH, NOT ONCE BUT TWICE! I KNOW THAT MY SISTER WOULD HAVE DIED IF THEY HAD TAKEN THAT EXTRA TIME TO TRANSPORT HER ACROSS TOWN TO ANOTHER HOSPITAL. THIS IS HOW MERCY HOSPITAL HAS IMPACTED MY LIFE!
- WE HAVE OVER 216 SENIORS, NOT TO MENTION OUR DISABLED RESIDENTS, RESIDING IN THE DEARBORN HOMES. MANY OF THEM HAVE TOLD ME ABOUT AND I HAVE BEEN PRIDE TO SEEING MERCY REUNITING AND IMPROVING THEIR QUALITY OF LIFE



ALL OF THESE THINGS AND MORE ARE REASONS  
WHY MERCY HOSPITAL HAS IMPACTED MY LIFE!

- WHEN I THINK ABOUT THE POSSIBILITY OF THIS (MERCY) HOSPITAL LEAVING, I THINK TO MYSELF, HERE WE GO AGAIN AS WE DID WHEN THEY TORE DOWN MICHAEL REESE HOSPITAL, SCRAMBLING AROUND TO GET MEDICAL RECORDS AND PERHAPS THE LOSS OF LIVES DUE TO TIME WASTED <sup>TIME</sup> IF SOMEONE, INCLUDING MYSELF, SHOULD EXPERIENCE CARDIAC, RESPIRATORY OR ANY KIND OF TRAUMA WHERE TIME IS OF THE UTMOST IMPORTANCE.
- THERE ARE SOME IN MY COMMUNITY WHO DON'T EVEN HAVE CARRIAGE TO GET TO OTHER CLINICS BUT THEY CAN AT LEAST WALK OR WHEEL THEMSELVES TO MERCY HOSPITAL. SO THESE ARE WAYS THAT LOSING MERCY HOSPITAL WOULD AFFECT ME AND OTHERS.
- THE MAJORITY OF PEOPLE WHO ARE DYING FROM COVID ARE BLACK AND BROWN PEOPLE AND YET YOU WANT TO CLOSE THIS HOSPITAL AND ESPECIALLY DURING A PANDEMIC!
- WE NEED GOV. PRITZKER, MAYOR LORI LIGHT FOOT AND THE TRINITY ORGANIZATION, ALONG WITH THE STATE BOARD AND ANYONE ELSE THAT IT TAKES TO COME UP WITH A SOLUTION TO SAVE THIS HOSPITAL AND WE NEED IT NOW!
- I LISTEN TO GOV. PRITZKER AND MAYOR LIGHTFOOT TALKING ABOUT THE STATS ON COVID AND THAT'S GOOD THAT WE'RE BEING INFORMED. NOW WE NEED TO HEAR FROM THEM ON WHAT THEY'RE DOING TO SAVE MERCY AND OTHER HOSPITALS FACING CLOSURES IN BLACK COMMUNITIES. WE ALSO NEED TO HEAR FROM YOU <sup>PRESIDENT</sup> TONI REESE WINKLE. I CAN'T HEAR YOU! →  
SAVE MERCY HOSPITAL

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [SUSPICIOUS MESSAGE] [External] 20-039 Mercy Hospital Closing  
**Date:** Thursday, October 29, 2020 11:05:03 PM

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My name is Dr. Theodore Christou. I have worked at Mercy for over 30 years caring for patients in the community. Five years ago I became the residency outpatient clinic director. My team's goal was to promote health care that educates and serves the community. Our patients responded to the effort. Since we started the patient no-show rate has dropped from 40% to less than 12%.

We offer a FREE smoking cessation clinic with excellent results.

Unlike other clinics, Mercy clinic pharmacy and the 340B drug pricing program allows us to provide charity care low cost or free prescriptions to those in need.

Our FREE diabetic clinic has shown significant measurable improvement in our diabetic patients who participated.

In 2014 we initiated an opioid reduction protocol with an outstanding 84% reduction in opioid prescriptions in 2019.

Consider the possibility of Trinity Health Care with 27 billion dollars in assets systematically bankrupting Mercy Chicago following the same game plan they used to bankrupt Providence Behavioral Health Hospital in Boston and Mercy in Springfield Massachusetts.

( [www.massnurses.org/news-and-events](http://www.massnurses.org/news-and-events) )

At Mercy Chicago Trinity has rewarded an administration that lost a total exceeding \$130 million dollars over seven consecutive years. The hospital has artificially lowered the hospital census by inaccurately reporting the number of available beds then limiting staffing forcing the hospital to go on bypass and make it appear the hospital was underutilized.

The hospital has understaffed and inadequate billing practices. Advocate bills Medicare \$114,405 and Northwestern bills \$274,590 for a sepsis patient. Mercy bills \$75,255.

([www.hospitalcostcompare.com/drugs/](http://www.hospitalcostcompare.com/drugs/)).

In 2011 before Trinity took over, Mercy generated a 13 million dollar profit with a reported revenue of \$257 million. The hospital remained profitable for two more years. Move forward to 2017 under Trinity's direction the hospital lost \$21 million and reported revenue of \$254,323,401. Similar revenue but with a much different bottom line. This strongly suggests the hospital is more than viable; it can be profitable.

Trinity has a history of closing safety net hospitals they have owned. Following this pattern they are ignoring efforts to keep Mercy open during a world crisis by rejecting legitimate offers from University of Chicago and other medical corporations.

Closing the hospital will impact the long term supply of physicians since 108 resident training positions will also disappear. Trinity cared so little for this legacy that they chose a closing date before June 30th abandoning those residents in training and risking their opportunity to graduate and even completing their residency. Some of these positions have been redirected to another hospital owned by Trinity. Others will have to find a new program. This maneuver effectively ended the long history of training physicians on the south side of Chicago that began in 1853.

Those of us who work in Mercy Hospital have stayed because we care about the community. In addition to the nearly 20,000 visits per year in our Oakwood Shores pediatric, women's, and medicine clinic, Mercy clinics combined see over 100,000 patients per year. The ER has over 50,000 visits per year. When the hospital closes so do the clinics. Who will fill this void? Mercy has focused on patients not on profits for over 167 years promoting the original mission of Mercy Hospital. ...improving the health and well-being of our communities and those in need, especially people who are underserved."

Respectfully, you have the responsibility and means to keep the mission alive. Do not allow Mercy Hospital to close or be financially dismantled any further.

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**Ted Christou, MD, FACP**



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] RE: Mercy Hospital Closure  
**Date:** Friday, October 30, 2020 11:04:32 AM

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10/30/2020

TO:  
Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street  
Springfield, IL62761

Dear Ms. Avery,

I am writing this letter on behalf of myself and many members of the Mercy Hospital Medical Staff (Medical Staff).

For over 170 years Mercy Hospital has provided lifesaving services to the people of Chicago. The hospital has always taken care of all people in need; regardless of class, color, creed, or ability to pay.

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

The reasons cited are:

1. The hospital is having large financial losses
2. Low utilization of the hospital
3. No impact on patient care if the hospital closes

Concerning “The hospital is having a large financial loss”

The medical staff hired a forensic accountant to go through the publicly available financial data. We compared several years of tax filings prior to the sale in 2011-2012 to Trinity with several years after the sale to Trinity.

Some of our findings include:

- The hospital is liberally using “related party expenses”. Basically Mercy hospital is paying its parent company, Trinity Healthcare, large amounts of money for services that actually cost much less.
  - o For example in 2012 the hospital paid about \$500,000 for IT expenses. This was paid to mostly outside vendors. In 2016 Mercy Hospital paid 9.2 Million dollars for IT expenses, but this was paid to Trinity or Trinity entities. Nothing changed in terms of IT or software. The only thing that changed was where the money went. While the use of related party expenses is not illegal, we believe this is being used to inflate losses.
  - o Even for 2 years after Trinity bought the hospital, the hospital was profitable. Now the revenue is similar but the bottom line is much worse. The leads many members of the medical



staff to believe the hospital has been mismanaged and can be profitable with new management.

#### Concerning “Low utilization of the hospital”

The hospital in recent state filings stated that they are authorized for 412 beds and use 130-150 of them at any given time. This statement creates the illusion that the hospital is being underutilized and that is not true. There is a difference between the number of authorized beds and the actual number of available beds. The hospital is authorized to have 412 beds, but does not have anywhere near that number of actual beds.

The hospital census and utilization rate appears low because:

- The hospital only staffs 150-170 beds at any given time. We are utilizing 130-150 beds at any given time. So the utilization rate is high.
- The hospital was originally authorized to have 412 beds, but that was when we had 2 patients per room. This was eliminated many, many years ago. We only have one patient per room. So that reduces the available beds to 206.
- The bed count was further reduced because several areas within the hospital are used for outpatient office care. In fact 1-2 floors of the hospital are used for outpatient care including the eighth floor, and the 12th floor. These are spaces that were previously used for hospital beds but have not been used for hospital beds in over a decade. They have been fully converted to office space, and cannot house admitted patients.
- We are frequently trying to expedite discharges because patients are waiting for beds to open up to be admitted to the hospital.
- The actual utilization of the hospital is high

Other areas of the hospital are heavily utilized as well including:

The emergency room has over 50,000 visits per year.

The outpatient clinics have over 100,000 visits per year.

Ob/Gyn, Mercy Hospital delivers thousands of babies per year.

#### Concerning “No impact on patient care if the hospital closes”

In the documents Mercy hospital has filed with the state, they note that many other hospitals accept Medicaid patients. >95% of Medicaid patients are now in a managed Medicaid HMO. These Medicaid managed HMO's include: Blue Cross Community, Illinicare, Meridian, Molina, Youthcare, and CountyCare. All hospitals accept Medicaid, but most do not take all Medicaid HMO's. So many of those patients will not have easy access to physicians.

The Health inequalities of the Southside of Chicago will be exacerbated by the closure of Mercy Hospital.

Respectfully, the board and the legislature have the means to save this safety net hospital. Do not allow Mercy Hospital to close.

Sincerely,

John Cudeki, M.D.



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] Mercy Hospital  
**Date:** Thursday, October 29, 2020 9:20:17 PM

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Dear Sir/Madam,

Please be advised that Chicago's south side communities cannot afford to lose Mercy Hospital. The health of the community and surrounding communities will be devastated if the hospital closes. Mercy plays a key role in servicing the community, including, but certainly not limited to its premier program in the care of patients with HIV/AIDS.

Additionally, Mercy is the oldest hospital in the city of Chicago. It is unimaginable that it would be allowed to close after serving the city for well over a century.

I am confident that there are other remedies that can be engaged in ordered to keep Mercy's doors open.

Thank you,  
Elaine Perkins, RN

Sent from my iPhone



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] Mercy Hospital Closure  
**Date:** Friday, October 30, 2020 10:49:52 AM

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I am a physician in Cook County, formerly on staff at Mercy Hospital. I am very concerned about the planned closure. There many residents that would be adversely affected. It smacks of racism in that hospital serves largely black.hispanic, and Chinese residents. Cook County Health will be closing clinics and the Provident EMerg. Dept.soon . Adding these changes to the Covid 19 epidemic can only mean less availability of care in general. This will lead to a higher death toll in the area and greater long term expenses for care.

PLEASE RULE AGAINST THE CLOSURE OF MERCY. IT IS TRULY A MATTER OF LIFE AND DEATH! THANK YOU!

Sent via my Samsung Galaxy, an AT&T 4G LTE smartphone

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [SUSPICIOUS MESSAGE] [External] Mercy Closure Testimony  
**Date:** Friday, October 30, 2020 11:34:51 AM

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My name is Dr. Adeeb Zaer. I am an Emergency Medicine physician that lives in Bronzeville and works at Mercy Hospital. I am devastated to hear of the closure of this hospital and the effects that it will have both on its employees, but most importantly my neighbors. When they have been asking me "Doc, where am I supposed to go now? I get all my care there" I have no adequate response for them.

I am not a financial man and so it is difficult for me to comment on that. I do know medicine, however, and I can tell you that we see sick people from the community and nursing homes in the area, with connections to our physicians and the neighborhood. I do know relationships as well and care for those I serve. I have a deep connection within my community and am keenly aware of the impact that this will have on the area. I am saddened by this prospect and hope that it is not inevitable. An already oppressed community will be shouldering another blow.

Adeeb Zaer, MD

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [External] 20-039 Mercy Hospital Closure Public Hearing  
**Date:** Thursday, October 29, 2020 8:56:31 PM

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I am writing as a member of the public to register my protest against the closing of Mercy Hospital. First of all Mercy Hospital has a rich history and amazing legacy. Dating back to before the Civil War the Sisters of Mercy have taken care of Chicago residents whether rich or poor. In addition the hospital has trained many physicians and health care professionals. I myself was taken in by Mercy as an intern in 1983. It was only 15 years after the opening of the current hospital and a wonderful place to train. Mercy Hospital and its community changed my life. Ultimately I spent over 10 years in training and as an attending cardiologist and first director of Cardiac Electrophysiology until my commuting to the north suburbs took its toll and I changed jobs. However I have many wonderful memories of a community of people who cared for and about each other. Most importantly the hospital has served a community that is typically underserved for a variety of reasons--most importantly-structural racism that persists to this day. The loss of Michael Reese was a major blow and without Mercy Hospital the neighborhoods served will be under that much more stress with less access to vital services.

Please reconsider and find a way to save this important and legendary institution.

Sincerely,  
Alan Zunamon, MD, FACC, FACP, MMI  
130 N. Garland #4105  
Chicago, IL 60602

847-287-2665



October 30, 2020

Debra Savage  
Chairwoman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson St., Second Floor  
Springfield, IL 62761

**RE: 20-039 Mercy Hospital Closure Public Hearing**

Dear Chairwoman Savage,

I am writing on behalf of AIDS Foundation Chicago, in response to the news of Mercy Hospital and Medical Center (Mercy Hospital) closing in 2021. As you know, Mercy Hospital serves residents of the South Side of Chicago – a community that has long faced inequitable access to healthcare options while also being disproportionately impacted by many healthcare struggles, most recently the COVID-19 pandemic. We urge you to work together, with local and state agencies, and with Trinity Health to reverse this decision and prevent additional hardship for the communities that Mercy Hospital serves.

AIDS Foundation Chicago (AFC) mobilizes communities to create equity and justice for people living with and vulnerable to HIV or chronic conditions. AFC envisions a future where people living with HIV or chronic conditions will thrive, and there will be no new HIV cases. For 35 years, AFC has worked to ensure that people living with or vulnerable to HIV in Chicago and across Illinois are able to access the care and services they need.

In the City of Chicago – and across the nation – Black communities often experience significantly worse health outcomes than their white neighbors. This trend has existed for decades and today, it is exemplified in statistics for both the HIV epidemic<sup>1</sup> and the COVID-19 pandemic.<sup>2</sup> These disparities are both the result of, and are exacerbated by, the systemic anti-Black racism that exists throughout our society – including in the healthcare arena. For communities to become and stay healthy, each resident must be able to receive accessible, equitable, and comprehensive healthcare. Allowing Mercy Hospital to close will cause irreparable harm for the historically Black neighborhoods that have relied on this institution for more than a century and a half and exacerbate the current healthcare desert that exists on the South Side of Chicago.

Mercy Hospital is one of Illinois' forty safety net hospitals and provides services to no to low income and uninsured patients seeking lifesaving care. As a safety net hospital, Mercy Hospital also works with a large number of patients covered by Medicaid and Medicare. Without this care, the neighborhoods that rely on Mercy Hospital for care will be left searching for care

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<sup>1</sup> Centers for Disease Control and Prevention, "HIV by Race/Ethnicity," <https://www.cdc.gov/hiv/group/raciaethnic/index.html>.

<sup>2</sup> NPR, "What Do Coronavirus Racial Disparities Look Like State By State?," <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>; The New York Times, "The Fullest Look Yet at the Racial Inequity of Coronavirus," <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latino-african-americans-cdc-data.html>.

outside of their communities and away from their trusted providers and programs that have been serving them for decades. This will cost lives.

In addition to our general objection to the closing of Mercy Hospital, we must highlight three important areas of care that Mercy Hospital provides for the predominately Black communities that access care at this institution: care for people living with HIV (PLWH), substance use support, and maternal and birthing care. First, for PLWH, connection to care is imperative to maintain health and quality of life. Mercy Hospital's Michael Reese HIV Care Program provides care to approximately 400 patients and provides clinical services, including: comprehensive primary and specialty medical care; prevention and risk reduction; case management; and, medical adherence counseling. Losing Mercy Hospital will not only make access to care more difficult for PLWH on the South Side of Chicago, it will undoubtedly make Getting to Zero in Illinois by 2030 more difficult to achieve.

In addition to care for PLWH, Mercy Hospital provides substance use and addiction services to Black communities that have been unjustly targeted by racist drug laws for years. In August, the Chicago Department of Public Health (CDPH) released a report showing that Black Chicagoans made up 60 percent of deaths related to opioid use this year – a 66 percent increase in the rate of fatal overdoses for Black Chicagoans compared to last year.<sup>3</sup> Losing these services will create additional hardship for Black Chicagoans seeking care in the face of stigma and over-criminalization. We implore you to do everything in your power to prevent the closure of Mercy Hospital, especially given this growing need for substance use services for Black Chicagoans.

Finally, we must note that closing Mercy Hospital will result in the loss of women's health care services, including obstetrics, in a predominately Black community. Just last year, CDPH released a data report on maternal morbidity and mortality as part of the Healthy Chicago project.<sup>4</sup> Black women have the highest rates of severe maternal morbidity and the highest pregnancy-associated mortality ratio in Chicago. This report concludes that “stark racial and socioeconomic disparities in maternal morbidity and mortality exist in Chicago” especially “among Chicago's non-Hispanic Black mothers and those living in communities with higher economic hardship.” Losing pregnancy and delivery care at Mercy Hospital will create an additional barrier for Black parents on the South Side and will lead to worsening maternal morbidity and mortality outcomes for an already vulnerable community.

As organizations and individuals living in and around Chicago who support health equity, access to competent and comprehensive care, and who believe that healthcare is a human right, we know that closing Mercy Hospital will cause unnecessary and devastating harm to Black communities seeking services. We are especially opposed to the closing of Mercy Hospital because it will further alienate Chicagoans that already struggle to access care within their communities. If permitted to go forward, shutting down Mercy Hospital will endanger some of

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<sup>3</sup> Chicago Department of Public Health, “Chicago Opioid Update: Mid Year,” [https://www.chicago.gov/content/dam/city/depts/cdph/tobacco\\_alcohol\\_and\\_drug\\_abuse/Mid-Year%20Opioid%20Report%202020%20final.pdf](https://www.chicago.gov/content/dam/city/depts/cdph/tobacco_alcohol_and_drug_abuse/Mid-Year%20Opioid%20Report%202020%20final.pdf).

<sup>4</sup> Chicago Department of Public Health, “Maternal Morbidity & Mortality In Chicago,” [https://www.chicago.gov/content/dam/city/depts/cdph/statistics\\_and\\_reports/CDPH-002\\_MaternalMortality\\_Databook\\_r4c\\_DIGITAL.pdf](https://www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/CDPH-002_MaternalMortality_Databook_r4c_DIGITAL.pdf).

our most marginalized neighbors at a time when we are fighting a global health pandemic due to COVID-19, and the subsequent economic downturn that has resulted.

As stated above, we believe that healthcare is a human right. For communities that continue to face significant health disparities, losing a safety net hospital like Mercy Hospital will not only exacerbate these disparities, it also intensifies the continued impact of systemic racism. We urge you to work together and with other partners to prevent this closure, and hope for continued support in the fight for equitable healthcare for every Chicagoan and Illinoisan. We are in the midst of a global health pandemic, an economic downturn, and an ongoing fight for racial equity – it is imperative that we do not lose Mercy Hospital in this moment.

Thank you for your attention to this important matter. If you have any questions or concerns, please do not hesitate to contact Aisha N. Davis, Esq. at [REDACTED]

Sincerely,

Aisha N. Davis, Esq.  
Director of Policy  
AIDS Foundation Chicago  
[REDACTED]

202-257-4334



Public Health Committee Senate

October 19th 2020 9:30

Representing: Myself, Dr. Rajitha Reddy

University of Illinois Emergency Medicine Resident

As you are already aware Mercy Hospital owned by Trinity Health is planning to close.

This is a direct threat to access to care for some of the most vulnerable populations of Cook County.

And the timing of this could not be any worse.

Research has shown that our black, latinx and other minority communities have been the most affected by this pandemic.

Mercy hospital largely services these communities and has a catchment area of  $\frac{1}{3}$  of the population of Chicago.

It provides time sensitive vital care like cardiac and stroke care and is one of the busiest labor and delivery centers.

From what I have gathered, the state had planned to financially assist in a merger for four southside hospitals, but failed to pass the bill earlier this year.

The main driving factors that created this initiative are not only still present but now are even more pressing with the pandemic.

Our current model of health care is expensive.

Fortunately having healthy constituents is a great way to save tax dollars.

It is also the responsibility of the state to facilitate and support infrastructure of a basic net of healthcare to all constituents.

It makes no sense in a time of a health crisis to allow for a safety net hospital to go close.

Especially a hospital that has such historical value and has been there for Chicago residents when times were tough.

I understand that our country and state are going through unprecedented times and that we are in a financial crisis.

I implore you to revisit this bill and make the hard decisions that need to be made to save Mercy Hospital.

## **SEIU HCIIMK - Public Comment re Application #20-039**

**October 28, 2020**

### **1. Intro**

SEIU Healthcare represents more than 5,000 hospital workers in the Chicago, St. Louis, and Kansas City metro areas.

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

### **2. Impact on South Side Communities**

Mercy Hospital, located in Bronzeville, is one of a dwindling number of inpatient hospitals serving Chicago's South Side communities.

Roughly two-thirds of Mercy inpatients are African American; more than half are on Medicaid.<sup>i</sup>

Mercy provided the following in 2018:<sup>ii</sup>

- ED Visits – 51,685
- Live Births – 1,654
- Outpatient Visits – 350,099

Should Mercy close, the hospital's disproportionately non-white, low-income patient base will lose access to care and may experience worse health outcomes.

Mercy's service area is rife with racial and economic health disparities that will also likely worsen should the hospital closure proceed.

- Mercy's service area includes ZIP 60621 in Englewood where life expectancy is only 59.9 years (30 years less than ZIP 60611 in Streeterville).<sup>iii</sup>
- Mercy's service area also includes the Douglas and Fuller Park Community Areas which have some of the worst health outcomes in the city.<sup>iv</sup>
  - Douglas
    - Diabetes Mortality Rate – 119.1 per 100K persons (Chicago – 70.1 /100K persons)
    - Cancer Mortality Rate – 269.9 per 100K persons (Chicago – 193.6/100K persons)
  - Fuller Park
    - Infant Mortality Rate – 22.6 per 1,000 live births (Chicago 8.1/1,000 live births)

Trinity Health's decision to close Mercy Hospital further imperils the health of communities already struggling with limited access to care and negative health outcomes.

### **2. Non-Compliance with HFSRB Discontinuation Review Criteria**

Trinity's CON application requesting permission to discontinue Mercy Hospital (Application for Permit #20-039) is noncompliant with multiple Review Criteria enumerated in 77 Ill. Admin. Code 1110.290.

### ***Reasons for Discontinuation***

Trinity Health's CON application falsely asserts that continuing to operate Mercy Hospital is not economically feasible.

- 77 Ill. Admin. Code 1110.290(b) states that "the applicant shall document the discontinuation is justified by providing data that verifies that one or more...factors exist with respect to each service being discontinued".<sup>v</sup>
- Application for Permit #20-039 asserts that "Pursuant to 77 Ill. Admin 1110.290(b)3, the Hospital is not economically sustainable or feasible".<sup>vi</sup>
- Mercy Hospital's parent Trinity Health is by its own admission "one of the largest multi-institutional Catholic health care delivery systems in the nation".<sup>vii</sup>
- Trinity Health had \$30.4 billion in assets including "\$11.9 billion in unrestricted cash and investments" as of June 30, 2020.<sup>viii</sup>
- Mercy Hospital recorded \$4.1 million in excess revenue over expenses (profit) in Fiscal Year 2020 after Trinity Health leadership claimed that the hospital was losing millions of dollars a year.<sup>ix</sup>
- Application for Permit #20-039 does not include Trinity's Health's financial statements or account for why Trinity cannot devote some of its vast assets to keeping Mercy Hospital "economically sustainable".
- Thus, Application for Permit #20-039 is noncompliant with this Review Criterion.

### ***Impact on Access***

Trinity Health concedes that closing Mercy Hospital will create an ICU bed shortage in Hospital Planning Area A-03 (Chicago South Side).

- 77 Ill. Admin. Code 1110.290(c) states that "the applicant shall document whether the discontinuation of each service or entire facility will have an adverse impact upon access to care for residents of the facility's Market Area".<sup>x</sup>
- 77 Ill. Admin. Code 1110.290(c)(3) lists "creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities" as a factor that indicates "an adverse impact upon access to service".<sup>xi</sup>
- Application for Permit #20-039 concedes that "upon discontinuation of the Hospital, Planning Area A-03 will have 232 available ICU beds, with a need for 19 ICU beds."<sup>xii</sup>
- Thus, Application for Permit #20-039 is noncompliant with this Review Criterion.

### **3. HFSRB Powers and Need for Reform**

The Illinois Health Facilities and Service Review Board can and must stop Trinity Health's cynical attempt to close Mercy Hospital.

Trinity's CON application is noncompliant with multiple criteria necessary for approval. The HFSRB must reject Trinity's CON or run afoul of its own rules and regulations.

In recent years, the HFSRB has approved multiple CON applications to close hospitals the primarily served communities of color.



Facility Name	Year	Patients <sup>xiii</sup>	
		% White	% Non-White/Unknown
Franciscan Health – Chicago Heights	2018	45.4%	54.6%
MetroSouth Medical Center	2019	26.5%	73.5%
Westlake Hospital	2019	23.0%	77.0%

Currently, the HFSRB does not explicitly consider critical factors like Medicaid utilization, the presence/severity of racial health inequities, and/or impact on EMS/trauma systems when determining the need for health services and facilities.

The spate of recent hospital closures in Chicagoland and the HFSRB's inability or unwillingness to intervene on behalf of effected communities suggest that current HFSRB planning and review criteria are too narrow and dated to account for actual community need/impact.

Thus, we assert that the ILGA should pass a bill during the next legislative session to expand the HFSRB's planning and review criteria to more thoroughly assess the need for facilities/services and enhance the board's ability to block harmful service cuts and hospital closures.

Even using the current, narrow criteria, however, the HFSRB has the power to stop this and other harmful hospital closures.

Trinity has the resources to keep Mercy open indefinitely. The HFSRB must use its powers to prevent this travesty and hold Trinity accountable for attempting to abandon Chicago's medically underserved South Side communities.

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<sup>i</sup> Safety Net Hospital Determination, Effective 10/1/2020 – 9/30/2021, Illinois Department of Healthcare and Family Services,

<https://www.illinois.gov/hfs/SiteCollectionDocuments/2021SafetyNetDeterminationEffective10012020.pdf>.

<sup>ii</sup> CY 2018 Hospital Profile, Illinois HFSRB,

<https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Documents/2018%20Hospital%20Profiles.pdf>.

<sup>iii</sup> Centers for Disease Control viewed via PolicyMap, [www.policymap.com](http://www.policymap.com).

<sup>iv</sup> Chicago Data Portal, Public Health Statistics, Selected Public Health Indicators by Community Area,

<https://data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-public-health-in/iqnk-2tcu/data>.

<sup>v</sup> 77 Ill. Admin. Code, Title 77: Public Health, Chapter II: Health Facilities and Services Review Board, Subchapter a: Illinois Health Care Facilities Plan, Part 1110 Processing, Classification Policies and Review Criteria, Section 1110.290 Discontinuation – Review Criteria,

<https://www.ilga.gov/commission/jcar/admincode/077/077011100C02900R.html>.

<sup>vi</sup> Application for Permit #20-039, p. 39,

<https://www2.illinois.gov/sites/hfsrb/Projects/ProjectDocuments/2020/20-039/2020-08-31%2020-039%20Mercy%20Hospital%20and%20Medical%20Center.pdf>

<sup>vii</sup> "About Us", Trinity Health, <https://www.trinity-health.org/about-us/>.

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<sup>viii</sup> Trinity Health Consolidated Financial Statements as of the Years Ended June 30, 2020 and 2019, September 16, 2020, p. 3, 45, <https://emma.msrb.org/P11424941-P11106138-.pdf>.

<sup>ix</sup> Ibid., p. 58.

<sup>x</sup> 77 Ill. Admin. Code, Title 77: Public Health, Chapter II: Health Facilities and Services Review Board, Subchapter a: Illinois Health Care Facilities Plan, Part 1110 Processing, Classification Policies and Review Criteria, Section 1110.290 Discontinuation – Review Criteria, <https://www.ilga.gov/commission/jcar/admincode/077/077011100C02900R.html>.

<sup>xi</sup> Ibid.

<sup>xii</sup> Application for Permit #20-039, p. 48, <https://www2.illinois.gov/sites/hfsrb/Projects/ProjectDocuments/2020/20-039/2020-08-31%20-039%20Mercy%20Hospital%20and%20Medical%20Center.pdf>.

<sup>xiii</sup> CY 2018 Hospital Profile, Illinois HFSRB, <https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Documents/2018%20Hospital%20Profiles.pdf>.

## **Talking Points re Trinity/Mercy HFSRB Review Criteria**

**October 29, 2020**

SEIU HCII asserts that the HFSRB must reject Trinity Health's CON application seeking permission to close Mercy Hospital because the application is noncompliant with multiple Review Criteria enumerated in the Illinois Public Health Code.

According to the Code, an applicant seeking permission to discontinue a health service or healthcare facility must articulate a "reason for discontinuation".

Acceptable reasons include insufficient volume/demand, inadequate staff, noncompliance with licensing or certification standards, and economic infeasibility/financial unviability.

Trinity Health claims in its CON application that Mercy Hospital is "not economically sustainable or feasible".

This claim is absurd on its face.

Trinity Health is by its own admission "one of the largest...Catholic health care delivery systems in the nation" operating 92 hospitals in 22 states (including the three Loyola Medicine hospitals in the west suburbs).

Trinity is also an extremely wealthy health system.

At the conclusion Fiscal Year 2020 (6/30/20) Trinity Health had \$30.4 billion in assets including a staggering \$11.9 billion in "unrestricted cash and investments", much of it stashed in offshore accounts.

Trinity has the resources to save Mercy. It is preposterous to suggest otherwise.

Trinity also claimed in its CON application that Mercy is losing \$4 million a month.

Trinity Health's recently released 2020 consolidated financial statements, however, dispel this fiction.

According to the financial statements, Mercy had an "excess revenue over expense of \$4.1 million" in FY 2020.

And Trinity wants us and the board to believe that Mercy is financially nonviable?

There is no financial hardship. This is deception plain and simple.

The fact is Trinity is looking for an excuse to abandon a critical safety-net facility serving primarily low income communities and communities of color because it is insufficiently profitable.

The HFSRB should not let them get away with it.

In addition to failing to demonstrate financial hardship, Trinity's CON application concedes that closing Mercy will create an ICU bed deficit on Chicago's South Side DURING A PANDEMIC!

Mercy currently operates a 30-bed ICU that cares for thousands of patients admitted from the hospital's busy emergency department each year.



“Upon discontinuation”, the Mercy CON application states, “Hospital Planning Area A-03 (which encompasses the South Side of Chicago) will have 232 available beds, WITH A NEED for 19 ICU BEDS.”

In other words, the South Side will have 19 fewer ICU beds than the HFSRB has deemed necessary to safely handle the expected patient load.

This could result in negative outcomes for critically ill or injured patients (including COVID-19 patients) and even preventable deaths.

It is also noncompliant with HFSRB regulations which require that the discontinuation of a healthcare service or facility must not have an adverse impact on access to care.

The Public Health Code lists “creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities” as a factor that indicates “an adverse impact upon access to service”

Trinity’s plan to close Mercy is clearly noncompliant with this provision. The HFSRB has an obligation to reject this application.

Trinity Health has the resources to continue operating Mercy indefinitely and acknowledges that closing the hospital will create an ICU bed deficit on Chicago’s South Side.

But Trinity has chosen to prioritize profit over patient care and offshore investments over needy communities.

The HFSRB has the power to stop this. We demand that the board reject Application for Permit #20-039 and prevent another greedy out-of-state health system abandoning Chicago’s communities of color.

**Tel: 312-328-1188**

**2216 S. Wentworth**



**Fax: 312-328-7452**

October 30, 2020

Illinois Health Facilities and Services Review Board  
525 W. Jefferson St., Second Floor  
Springfield, IL 62761

Dear Illinois Health Facilities and Service Review Board members:

I am writing on behalf of the Pui Tak Center and those that we serve in Chicago's Chinatown community. We oppose the closing of Mercy Hospital as it is a critical community resource, especially during this pandemic.

Mercy is the last remaining hospital close to Chinatown as our community has experienced the closure of Lakeside Community Hospital (which was located in Chinatown) in 1991, Michael Reese Hospital (which was located in Bronzeville) in 2009 and expects the closing of the Cook County clinic at 35<sup>th</sup> and Michigan next year.

The Greater Chinatown community continues to grow with a likely population of over 35,000 people if the 2020 Census gets a complete count. Mercy Hospital has prioritized serving our community through hiring bilingual medical and hospital support staff. Other hospitals are not close nor have they developed the linguistic and cultural competence to serve our population which has many limited English speaking immigrants and seniors.

When we shared the news of the proposed closure in our adult ESL classes, there was overwhelming disappointment as these new immigrants consider Mercy to be their hospital. We received 44 texts or letters that our students want to share with the review board. These texts and letters are attached.

Thank you for your consideration of our community's needs and urge you to oppose the Mercy Hospital closure application and allow additional time for government officials and others to develop plans so that Trinity Health or another hospital operator can keep Mercy Hospital open.

Sincerely,

David Wu  
Executive Director

**Pui Tak Center ESL students  
support for keeping Mercy Hospital open**

**Chun 08:47**

我支持这慈爱医院，希望政府不要关闭。

I support this Mercy Hospital and hope the government will not close it.

**Liu Bao Chan 08:48**

我支持这慈爱医院，希望政府不要关闭。

I support this Mercy Hospital and hope the government will not close it.

**Liu Wei 08:48**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**jim 08:48**

我支持这慈爱医院，希望政府不要关闭。

I support this Mercy Hospital and hope the government will not close it.

**Zhao Xiao An 08:49**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**伍杰权 801 08:49**

我支持这慈爱医院，希望政府不要关闭。

I support this Mercy Hospital and hope that the government will not close it.

**Ling 08:49**

我支持这慈爱医院，希望政府不要关闭。

I support this Mercy Hospital and hope that the government will not close it.

**Sam 08:49**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**Pui Tak Center ESL students  
support for keeping Mercy Hospital open**

**雷云 08:50**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**Yin 涓涓 08:51**

我支持慈爱医院 对我们华人有很大的帮助 希望政府不要关闭

I support Mercy Hospital, which is of great help to us Chinese. I hope the government will not close it.

**Zhang Suning 08:53**

我们希望政府保留慈爱医院的开放，对华人帮助很大，不要关闭。非常感谢！

We hope that the government will keep the Mercy Hospital open, and it will be of great help to the Chinese, and it will not be closed. thank you very much!

**八荒 08:56**

我抗议关闭慈爱医院！

I protest the closure of Mercy Hospital!

**Chu Pei Jun 08:57**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**Wu Yi Tan 09:01**

慈爱医院可以帮助别人。也希望可以得到有关人士的帮助。不要关闭。

Mercy Hospital can help others. I also hope to get help from relevant people. Don't close.

**Chen Ying Di 09:02**

我们希望政府保留慈爱医院的开放，对华人帮助很大，不要关闭。非常感谢！

We hope that the government will keep the Mercy Hospital open, and it will be of great help to the Chinese, and it will not be closed. thank you very much!



## **Pui Tak Center ESL students support for keeping Mercy Hospital open**

**李光玉 09:16**

我们希望政府能保留慈爱医院，不要关闭。

We hope that the government can keep the Mercy Hospital and not close it.

**Zhao Jingbo 09:19**

我希望政府能够保留慈爱医院，它对华人来说非常重要，建议不要关闭。

I hope the government can keep the Mercy Hospital, which is very important to the Chinese, and I suggest not to close it.

**Liang Xiao Yan 09:23**

我们希望政府能保留慈爱医院，请不要关闭。

We hope that the government can retain Mercy Hospital, please do not close it.

**波少 09:39**

我支持慈爱医院继续为社区服务，希望政府不要关闭。

I support Mercy Hospital to continue to serve the community and hope that the government will not close it.

**Yongxiang Xu 10:00**

我支持慈爱医院继续为社区服务 希望政府不要关闭。

I support Mercy Hospital to continue to serve the community and hope that the government will not shut down.

**Diana 10:01**

我支持慈爱医院继续为社区服务 希望政府不要关闭。

I support Mercy Hospital to continue to serve the community and hope that the government will not shut down.

## **Pui Tak Center ESL students support for keeping Mercy Hospital open**

### **Moy**

我是中国城的居民听说政府要关闭唐人街的慈爱医院。我的英文不好，如果关闭我们看病都不方便了。恳请政府考虑一下能不能不要把慈爱医院关闭。我们的社区需要医院。谢谢。

I am a resident of Chinatown. I heard that Mercy Hospital in Chinatown may close. My English is not good. If it is closed, it will be inconvenient for us to see a doctor. I implore the government to consider not allowing Mercy Hospital to close. Our community needs hospitals. Thank you.

### **Judy Fairbairn (ESL Teacher)**

I was born at Mercy and have used Mercy as my hospital throughout my life. Both my father and brother have been/are doctors there. I see Mercy as being invaluable to our community and worth saving if at all possible. It provides personalized services that are hard to find at larger hospitals, with an outstanding medical staff. I fear that if closed, there would be a large medical service gap with many people unable to access the medical care they need.

### **Yang:**

I think Mercy hospital is very important. It's near my home. Please don't close it.

### **Mei Chen:**

I think Mercy hospital is very important to us Chinese. Please don't close it.

### **Li:**

I love Mercy hospital. Please don't close it.

### **Lijuan Guo:**

We need Mercy hospital near Chinatown. It's helpful and meaningful for our health.

### **Fengyu Li:**

Mercy hospital is the biggest, nearest, full functioning hospital in Chinese community. It's important and protective for our health condition. Please don't close it. It's our pleas from my family.

## **Pui Tak Center ESL students support for keeping Mercy Hospital open**

### **Xiumei Tan:**

My family, my friends and I don't want to see the closure of Mercy hospital. We need this hospital in Chinatown area as it helps us a lot. We hope mercy hospital can be survived and developed. Please!

### **Aihua Zhang:**

Mercy hospital is what we need most in Chinese community. Please don't close it.  
Xiuyi Wu: Mercy hospital is very important to us Chinese. It's close to our homes and helps us a lot. Please don't close it.

### **Lianping Zhao:**

We don't want to see the closure of Mercy hospital because It helps us a lot.

### **From Zhi Jian He:**

I hope to keep the Mercy Hospital because I live near here . It's convenient to see my doctor.

### **From Selina Mei:**

In order for me to fully understand and fill out my medical forms, I need Chinese translation. Mercy Hospital is the only hospital that provides me with that. In addition to that, Mercy Hospital and UIC Medical Center are the only hospitals that accept my healthcare plan. But, making appointments at UIC medical center take longer compared to Mercy Hospital. Other hospitals that do take my healthcare plan are farther away. Therefore, closing it down would make things less convenient and harder to understand for me and many other patients.

### **Xin Ai Chen:**

I don't agree Mercy Hospital are closed, because it is a very important for Chinese people to go there to see the doctor and it's nearest chinatown. Another reason, if Mercy hospital are closed, a lot of doctors and nurses will lose their jobs,they have to find a new job for living.

### **Michael**

We need Mercy Hospital continue service with Illinois residents!

October 28 2020

Dear Mercy Hospital Managers.

I'm writing because people need the hospital all the time. The hospital is near the place people live. It is good for the community. There are many old people and children. These people have more health problems and need the hospital nearby.

The hospital needs to be close because there are emergencies. I hope the hospital will stay open.

Have a good day.

Sincerely

Wen mei zhou



October 28, 2020,

Dear Mercy Hospital, Managers

I'm writing because people need the hospital all the time. the hospital is near the place people live. It is good for the community. There are many old people and children, these people have more health problems and need the hospital nearby. the hospital needs to be nearby because there are emergencies.

I hope the hospital will stay open

sincerely,

Bao shan

October 28 2020.

Dear Mercy Hospital Managers.

I'm writing because people need the hospital all the time. The hospital is near the people live. It is good for the community. There are many old people and children. These people have more health problems and need the hospital nearby. The hospital needs to be nearby because there are emergencies. I hope the hospital will stay open.

Sincerely,  
Yan Wen Li

October 28, 2020

Dear Mercy Hospital Managers,

I'm writing because people need the hospital all the time. The hospital is near the place people live. It is good for the community. There are many old people and children. These people have more health problems and need the hospital nearby. The hospital needs to be nearby because there are emergencies. I hope the hospital will stay open.

Sincerely,

BeiLi W



October 28, 2020

Dear Mercy Hospital Managers.

I'm writing because people need  
the hospital all the time. the

hospital is near the place people

live. It is good for the community

There are many old people and children.

These people have more health problems and

need the hospital nearby. The hospital

needs to be nearby because there are emergencies.

I hope the hospital will stay open.

Sincerely.

Zhen Mei

To mercy Hospital.

My name is Hung Fong Pun, and my address is  
341 W 30th Pl Chicago IL 60616.

It makes me sad to hear the mercy Hospital will be  
closing next spring.

The mercy Hospital is important to my community  
and I would like the hospital to not be removed  
from our community.

I would like the hospital to be open so that  
I can get quicker access to a hospital nearby  
our community.

Please take into consideration my request.

Thank you.



To Mercy Hospital,

My name is Jingchang Zhao and I live in 860 W 27th St  
Apt A Chicago IL, 60608.

It makes me sad to hear the Mercy Hospital will be closing next spring.

The Mercy Hospital is important to my community and I would like the hospital to not be removed from our community.

I would like the hospital to be open so that I can get quicker access to a hospital nearby our community.

Please take into consideration my request.  
Thank you.

To Mercy Hospital,

My name is chao yi zhang and I live in  
3213 S Green St Chicago IL 60608

It makes me sad to hear the mercy Hospital will  
be closing next spring.

The mercy Hospital is important to my community  
and I would like the hospital to not be removed  
from our community.

I would like the hospital to be open so that I  
can get quicker access to a hospital nearby our  
community.

Please take into consideration my request.  
Thank you.

to Mercy Hospital

My name is Shun Yi Wu and I live in  
3720 S WALLACE ST Chicago IL 60609.

It makes me sad to hear the Mercy Hospital  
will be closing next spring. The Mercy  
Hospital is important to my community and  
I would like the hospital to not be removed  
from our community.

I would like the hospital to open so  
that I can get quicker access to a hospital  
nearby our community.

Please take into consideration my  
request

Thank you



To Mercy Hospital

my name is Jan Qiong Cai and I live in 4337 S  
Albany Ave Chicago IL 60632

It makes me sad to hear the Mercy Hospital will  
be closing next spring

The Mercy Hospital is important to my community  
and I would like the hospital to not be removed  
from our community

I would like the hospital to be open so that  
I can get quicker access to a hospital nearby  
our community

please take into consideration my request  
Thank you



