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Subject: [External] Opposition to Mercy Care Center: Written Testimony
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Hello,

Please see written testimony from Dr. Sally Nuamah and Dr. Ezekiel Richardson citing our opposition to the creation of the Mercy Care Center:

My name is Dr. Sally A. Nuamah. Currently, I am a professor of Human development and Social Policy at Northwestern University. I have held previous appointments at the University of Pennsylvania, Princeton, Harvard and Duke University.

I was born and raised in Chicago, IL. I attended Abraham Lincoln Elementary and Jones College Prep High school before going off to college to pursue a B.A. in political science at the George Washington University in 2007. In 2011, I returned to Chicago to start a Ph.D. program in political science and methodology at Northwestern University.

My primary research utilizes qualitative and quantitative methods to investigate the social and political consequences of institutional closure. This work has been supported by several grants including the National Science Foundation Graduate Research Fellowship and the University of Pennsylvania. I am writing this document, in consultation with Dr. Ezekiel Richardson, Physician Resident in Emergency Medicine at Northwestern University, to express our rationale for opposing the closing of Mercy Hospital and the development of the Mercy Care Center.

From our understanding, Mercy Hospital, in its current form, is a high patient volume safety net hospital that remains desired by the community for which it serves. Further, the primary services that the hospital provides (including admissions from the Emergency department, and maternity services) will not be replaced by the alternative care center, nor does the community support this proposed alternative idea. It is our view that the closure of Mercy Hospital will further exacerbate existing racial inequities, rather than improve them.

There are multiple reasons an outpatient facility, as opposed to a full-service hospital, would deprive the community of timely care for those who are so ill that it is unsafe for them to return home:

First, community members that need life-saving therapy would have to trek five miles through Chicago to the next nearest emergency department. As was seen in the setting of the closure and subsequent re-opening of the [University of Chicago's trauma center](#), for the sick and critically ill, increased transportation time and decreased access to care often leads to an increase in mortality.

Second, Mercy is the second largest provider of maternity care on the Southside and is the only place that a community member on Medicaid can have a child and pay low fees. If Mercy is reduced to an outpatient center, Black and Brown pregnant persons will no longer be able to

deliver babies in their own communities, with their own physicians, at rates they can afford.

Third, Mercy's long-standing relationship with the community over the past century has been critical for caring for those affected by COVID-19, and will continue to be essential for ensuring the equitable and safe distribution of the vaccine to Black and Brown communities. People in these communities' trust Mercy, and that trust is necessary for facilitating their participation. If the state stands by as this institution is closed, they will be further severing their ties with the community, thus threatening the adoption of the vaccine among the city's most vulnerable populations.

Activists, local politicians, the Governor's office, and even the physicians that staff Mercy's ICU and emergency department have decried such a loss as unconscionable and dangerous. Of the one hundred or so [comments submitted](#) in response to the closure thus far, only seven expressed support for the closure. To add fuel to the fire, on December 15th the review board voted against the closure, citing the fact its negative impact on Black communities and its failure to provide a sufficient alternative. Still, Trinity's desire to close budget gaps on the backs of Black people is unrelenting. Thus, they have already announced their decision to appeal.

Research makes clear that once hospitals announce closure, the negative impacts begin (regardless of the ultimate outcome). In June 2019 the Tenet Healthcare Corporation (THC) announced that the Hahnemann University Hospital (HUH) of Drexel University in Philadelphia, which served a close to 70 percent Black and low-income population, would be closing within 90 days. Yet, within 30 days, the hospital had already begun to unravel. As stated by the department chair of emergency medicine, Richard Hamilton,

Within a few days of the announcement, the Accreditation Council for Graduate Medical Education (ACGME) began the displacement process for 570 residents and fellows. Within a week, the owners filed for Chapter 11 protection. Unable to purchase supplies or retain key personnel such as cardiothoracic surgeons, HUH designated as a trauma center and began to divert critical patients. Soon thereafter, ...inpatient volume declined so precipitously that little in the way of clinical education remained for the trainees. Within 24 days, anticipating unprecedented financial losses, [Drexel University College of Medicine] terminated all its clinical faculty. (Hamilton, 2020, p. 494)

Despite an effort to halt the closure by Drexel University, and various protests, the hospital had effectively closed before these efforts materialized. These adverse effects are seen once a possible closure is announced and last long after decisions are made.

And yet, the closure of Mercy Hospital, under Mayor Lightfoot, is preceded by [the closure of affordable housing](#) under Mayor Daley, and the [shuttering of close to 50 public schools](#) under Mayor Emanuel. Between 2018 and 2020, at least six hospitals in Chicago were threatened with closure. The majority of these served low-income racial minorities from the same communities where schools had been shuttered between 2012 and 2013. The closure of Mercy, and the development of a shadow care center, will only deepen the disadvantages felt by communities already ravaged by previous school and hospital closures.

Ultimately, given the negative impacts of institutional closures, specifically on African American communities, and the lack of clear evidence that the decision to close Mercy Hospital, in particular, will lead to more positive outcomes for Mercy Patients and their

community, it follows that Trinity's proposal to create the Mercy Care Center has already had harmful impacts and if implemented will continue to cause harm. It is vital then, that the closure of Mercy Hospital is stopped immediately.

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