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# Transcript of Public Hearing

**Date:** January 12, 2021

**Case:** Mercy Care Center (Chicago) (Project #20-042)

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1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD  
3 BEFORE HEARING OFFICER COURTNEY AVERY  
4

5 In Re: :  
6 Public Comments Regarding :  
7 Application for Permit to :  
8 Establish Ambulatory Care : Project No. 20-042  
9 and Diagnostic Center, :  
10 Trinity Health Corporation. :  
11  
12  
13

14 HEARING in accordance with requirements of the  
15 Illinois Health Facilities Planning Act  
16 Conducted Virtually  
17 Tuesday, January 12, 2021  
18 10:01 a.m.  
19  
20  
21

22 Job No.: 343876

23 Pages: 1 - 69

24 Reported by: Joanne E. Ely, CSR, RPR

1       Hearing conducted virtually.

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7       Pursuant to agreement, before Joanne E. Ely, a  
8       Certified Shorthand Reporter, and a Notary Public  
9       in and for the State of Illinois.

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1       PRESENT:

2           ILLINOIS HEALTH FACILITIES AND SERVICES

3           REVIEW BOARD,

4               COURTNEY AVERY, Public Hearing Officer

5               MICHAEL CONSTANTINO, Senior Reviewer

6               ANN GUILD, Compliance Manager

7               GEORGE ROATE, Public Hearing Officer

8               APRIL SIMMONS, General Counsel, Public  
9               Hearing Officer

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Transcript of Public Hearing  
Conducted on January 12, 2021

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

2 HEARING OFFICER AVERY: Good morning. I  
3 am Courtney Avery, the Administrator and Hearing  
4 Officer for the Illinois Health Facilities and  
5 Services Review Board. Also present today are Ann  
6 Guild, Mike Constantino, April Simmons, and George  
7 Roate.

8 On behalf of HFSRB, thank you for  
9 attending today's proceeding pertaining to the  
10 certificate of need application submitted by  
11 Trinity Health seeking to establish an outpatient  
12 ambulatory care/diagnostic imaging facility in  
13 13,389 gross square feet of space, located at 3753  
14 South Cottage Grove Avenue in Chicago.

15 As per the rules of the Illinois Health  
16 Planning Act, the previously published legal  
17 notice -- Notice of Review and Opportunity for  
18 Public Hearing and Written Comment will be  
19 submitted to the court reporter for inclusion in  
20 today's record.

21 At this time, I'm not going to read the  
22 legal notice, but it will be submitted verbatim  
23 into the record.

24 Please note that in order to ensure that

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

15 Those of you who have prewritten -- I need  
16 to grab my glasses. Sorry.

17 Those of who you have prepared text of  
18 your testimony, please note that you may submit --  
19 sorry about that. My computer is doing all kinds  
20 of crazy things. You may submit the written text  
21 via electronic mail at DPH.HFSRB.PublicHearings  
22 @illinois.gov, which will be entered into today's  
23 record and made available for all HFSRB members  
24 prior to the January 26th meeting.

1 I ask that you please be patient.

2 Everyone will be given an opportunity to provide  
3 testimony. When I call your name, I will unmute  
4 your microphone. Should you have any questions,  
5 please send a message to me in the chat box.

6 At this time, I ask that you limit your  
7 testimony to three minutes. Prior to beginning  
8 your remarks, clearly state and spell your full  
9 name.

10 Okay. We'll start off today's proceedings  
11 with John Capasso, a representative from Trinity  
12 Health. Let me find John.

13 MR. MITCHELL: Just a second. Let me  
14 reclaim the host from you, and then I can give it  
15 to April.

16 HEARING OFFICER AVERY: Thank you. I'm  
17 having some technology issues. I'll work on  
18 those, and then April can --

19 MR. MITCHELL: Okay. April now has the  
20 hosting privileges.

21 HEARING OFFICER AVERY: Okay.

22 MR. CAPASSO: Good morning this is John  
23 Capasso. Can you hear me?

24 HEARING OFFICER AVERY: Yes, John. Please

1 proceed with your comments.

2 MR. CAPASSO: Okay. Thank you, Courtney.

3 HEARING OFFICER AVERY: Thank you.

4 MR. CAPASSO: I thank the Board for the  
5 opportunity to testify at this public hearing. My  
6 name is John Capasso, and the spelling is C-a --  
7 John is J-o-h-n. Capasso is C-a-p-a-s-s-o, and I  
8 serve as an executive vice president at Trinity  
9 Health.

10 I'm here to share with you our vision for  
11 the Mercy Care Center, an outpatient center that  
12 will be located in the heart of Bronzeville on the  
13 south side of Chicago. This outpatient center  
14 will address the community's need for preventative  
15 care in order to reduce hospitalizations by  
16 diagnosing and treating chronic illnesses in our  
17 local residents before they manifest into more  
18 serious conditions.

19 Central to our mission at Trinity Health  
20 is a commitment to provide care for the neediest  
21 among us. When other hospitals in the area have  
22 closed, they simply shut their doors. This is not  
23 the way we take care of our community. We are  
24 diligent in providing high quality healthcare to



1 millions of patients in underserved communities  
2 across the country, and we also have a moral duty  
3 to be fiscally responsible so we can continue to  
4 serve those in need.

5           The \$4 million monthly operating losses we  
6 are currently incurring at Mercy Hospital are not  
7 sustainable, but we believe we can offer the care  
8 the community currently lacks and strengthen the  
9 health of patients on the south side.

10           We know that this new outpatient center  
11 will not be profitable. We are estimating that  
12 the Mercy Care Center will lose approximately \$2  
13 million per year, but it's the right thing to do  
14 to continue our mission. Rather than walk away  
15 and close the doors, we are going to open a new  
16 door to prevention and urgent care needed in our  
17 community.

18           Among the challenges that drove us to  
19 discontinue services at Mercy Hospital were  
20 changes and trends in healthcare that demand  
21 greater access to the kind of preventative and  
22 diagnostic care that will allow patients to avoid  
23 hospital visits.

24           The need also presents itself with the

1     disparate outcomes in health we see among patients  
2     on the south side with a higher incidence of  
3     chronic conditions that require greater access to  
4     outpatient care that many patients on the south  
5     side today travel outside of their service area to  
6     receive.

7             The Mercy Care Center was born of a desire  
8     that decreased those disparate outcomes in health  
9     for the south side patients and provide the care  
10    patients need when they need it, where they need  
11    it.

12            The new center will provide care to 65,000  
13    patients a year and offer three major components:  
14    No. 1, diagnostic testing, including CT scans,  
15    MRI, X-ray, ultrasound, mammography, bone  
16    densitometry with the designation and licensing as  
17    an independent diagnostic treatment facility being  
18    sought; No. 2, urgent care; and No. 3, care  
19    coordination to connect patients with specialty  
20    providers, develop care plans, and facilitate  
21    access to community services.

22            Mercy Care Center will offer  
23    cost-effective walk-in urgent care for minor  
24    injuries, treatment of chronic illness, and

1 everyday illnesses, colds, and flus. It will be  
2 equipped with point-of-care testing for flu,  
3 strep, RSV, and mono.

4 It is known in the industry that upwards  
5 of 40 percent of emergency patients are better  
6 cared for in an urgent care setting like the Mercy  
7 Care Center, where they can receive faster care in  
8 a convenient neighborhood location.

9 Our research and consultant studies have  
10 proven that there is a lack of urgent care,  
11 diagnostics, and care coordination to help  
12 residents get the referrals they need for  
13 specialty care in our community. It's our goal to  
14 make these changes in a care delivery system on  
15 the south side.

16 The Mercy Care Center will also offer jobs  
17 to some of the displaced colleagues from Mercy  
18 Hospital. It will be built by contractors who are  
19 women and minority-owned businesses.

20 Finally, we have formed a diverse board  
21 for the Mercy Care Center to ensure that we have  
22 appropriate representation for the communities we  
23 serve with oversight of this facility.

24 While the way, we at Trinity offer care on

1 the south side will look different in '21 than it  
2 did in 2020, we remain steadfast in our commitment  
3 to providing the care the community needs. We  
4 urge your support for our transformation plan to  
5 open the Mercy Care Center on Chicago's South  
6 Side.

7 Thank you.

8 HEARING OFFICER AVERY: Thank you.

9 Okay. Next we have Jessica Simpson, and,  
10 Jessica, I read your note in the chat box.  
11 Unfortunately, the rules do not allow for the  
12 reading of statements on behalf of someone else.  
13 So I will unmute you shortly.

14 Jessica, please start your remarks. Thank  
15 you.

16 MS. SIMPSON: Thank you, Ms. Avery.

17 Good morning. My name is Jessica Simpson,  
18 and I'm a second-year medical student at Loyola  
19 University, Chicago, Stritch School of Medicine.  
20 I am the founder and president of the White Coats  
21 for Black Lives chapter at Loyola, and I'm a  
22 former public health advisor at CDC.

23 In July 2020, I was invited to attend  
24 Trinity Health Racism is a Public Health Crisis

1 webinar, and I was impressed with the presentation  
2 led by the CEO of Trinity. He talked about the  
3 importance of addressing racism in all forms.

4 At the end of July, I was shocked to find  
5 out that that same CEO was planning to close Mercy  
6 Hospital, thereby creating a 5 mile gap in access  
7 to healthcare in Chicago's south side.

8 The closure of Mercy Hospital is a social  
9 justice and racial justice issue. Because  
10 Bronzeville, where Mercy Hospital is located, is a  
11 predominantly black and brown community. The  
12 issue at hand is access to healthcare. The Office  
13 of Disease Prevention and Health Promotion defines  
14 access to health services as the timely use of  
15 personal health services to achieve the best  
16 health outcomes.

17 This includes gaining entry into the  
18 healthcare system through health insurance  
19 coverage. While at Mercy Hospital, it is a safety  
20 net hospital. That means it delivers a  
21 significant level of both healthcare and  
22 health-related services to people who are  
23 uninsured, on Medicaid, and other vulnerable  
24 populations.

1           Access to healthcare services also  
2 includes geographic availability. Some of the  
3 patients at Mercy Hospital walk to the hospital in  
4 order to receive care. This will no longer be an  
5 option if the hospital closes and an urgent care  
6 center opens. An urgent care center does not  
7 replace a hospital. If someone is sick and having  
8 a heart attack, they cannot walk 5 miles to get to  
9 the next hospital.

10           And finally, access to health services  
11 includes finding a healthcare provider who the  
12 patient trusts. As medical students, we are  
13 taught that getting a good history and physical is  
14 paramount to diagnosis, treatment, and health  
15 outcomes. In order to get a good history, one  
16 must build trust with their patients. Closing the  
17 hospital would sever current patient/provider  
18 relationships, leaving patients with the burden of  
19 finding a new provider that they trust.

20           The misappropriation of funds at Trinity  
21 Health should not fall on the people living in  
22 Bronzeville. This falls on the rightful shoulders  
23 of the CEO at Trinity Health. It is his  
24 responsibility to appropriately manage the

1 hospital and to keep its doors open. It is his  
2 responsibility to find a solution or to offer up  
3 the hospital for a buyer in order for the next  
4 person to appropriately manage the hospital.

5 If the CEO fails to sell the hospital,  
6 then the task falls to the health -- I'm sorry --  
7 then the task falls to the Illinois State governor  
8 and other state legislators to force the sale of  
9 the hospital. That is their job. That's why  
10 their constituents elected them, to serve the  
11 people.

12 This is a clear issue of profit over  
13 people. This is clearly a public health crisis,  
14 and it is clearly an example of systematic racism.

15 Today I strongly encourage the Illinois  
16 Health Facilities and Services Review Board to  
17 deny Trinity Health's request to open a Mercy Care  
18 urgent center. Furthermore, I strongly encourage  
19 Governor J.B. Pritzker and other state legislators  
20 to be a champion for their Bronzeville  
21 constituents and to force the sale of Mercy  
22 Hospital.

23 By doing so, they will decrease the risk  
24 of exacerbating current health disparities in

1     Bronzeville. Think of the people living in  
2     Bronzeville when you make your decision today.

3             Thank you for listening, and thank you for  
4     your time.

5             HEARING OFFICER AVERY: Thank you,  
6     Ms. Simpson, and you can send Dr. Endzel's  
7     information via e-mail, and it will be included in  
8     today's record.

9             MS. SIMPSON: Okay. Thank you, Ms. Avery,  
10    will do.

11            HEARING OFFICER AVERY: Thank you, please  
12    hold everyone. The next speaker will be Anita  
13    Allen.

14            MS. ALLEN: -- the director of perinatal  
15    services at Mercy Hospital.

16            HEARING OFFICER AVERY: Ms. Allen, start  
17    your remarks again. I had to unmute you.

18            MS. ALLEN: Okay.

19            HEARING OFFICER AVERY: Thank you.

20            MS. ALLEN: My name is Anita Allen. I  
21    have had the pleasure of serving as the director  
22    of perinatal services at Mercy Hospital. I am now  
23    honored to serve on the board of the Mercy Care  
24    Center, where I will be able to continue my



1 personal commitment to providing care to those in  
2 underserved communities.

3 For the past several years, I've watched  
4 two trends emerge at the same time. I've seen the  
5 challenges Mercy and other safety net hospitals  
6 have faced as the cost to provide care grow while  
7 patient volume and reimbursement decline. This  
8 has, of course, created a completely unsustainable  
9 environment for hospitals like Mercy.

10 At the same time, I've seen something more  
11 encouraging, which is that advancements in  
12 medicine have made it possible to do far more in  
13 an outpatient setting than has ever been done  
14 before. Procedures that used to require an  
15 overnight stay in a hospital can now be done in a  
16 matter of hours in an outpatient setting.

17 With the Mercy Care Center, we're able to  
18 combine these two trends to create a positive and  
19 lasting outcome for the community we serve. While  
20 most systems opt to close their doors for good if  
21 they are unable to make ends meet, Trinity Health  
22 is making a commitment to continue to live its  
23 mission to care for the poor and the underserved,  
24 knowing this center will likely not create profit

1 but will be able to provide care for up to 65,000  
2 patients on the south side every year.

3 I urge the Board to approve this  
4 application to help create a new model for how  
5 compassionate healthcare systems can transform  
6 care to meet the needs of the patient while  
7 recognizing the reality of healthcare financing  
8 today.

9 Thank you for your time.

10 HEARING OFFICER AVERY: Thank you.

11 Next speaker is Amy Catania. Amy, are you  
12 there?

13 MS. CATANIA: Yes, I am. Thank you,  
14 Ms. Avery.

15 HEARING OFFICER AVERY: You're welcome.

16 MS. CATANIA: My name is Amy Catania, and  
17 that's spelled A-m-y C-a-t-a-n-i-a.

18 I called in today once again to speak as a  
19 member of the community that has lived in the  
20 Mercy Hospital neighborhood, volunteered at Mercy,  
21 and currently has loved ones who have been served  
22 by Mercy Hospital for decades and whose care will  
23 be discontinued with the closing of Mercy  
24 Hospital.

1           I was born there. I grew up two blocks  
2 south of there, and, as I say, have family members  
3 who have received care there for decades. I did  
4 walk to Mercy for care and walked to Mercy to  
5 visit loved ones.

6           I have had -- also as a doula, a labor  
7 doula, I have been privileged to help clients give  
8 birth at Mercy. I have also had the joy and the  
9 confidence in Mercy to help clients who have given  
10 birth in the neighborhood at home to know that  
11 Mercy was there in the event of a transfer from a  
12 home birth to Mercy Hospital.

13           I have actually had the experience of  
14 assisting clients who have actually needed to do  
15 that transfer to Mercy Hospital. And we know that  
16 when a home birth transfer, a planned home birth  
17 with a certified nurse midwife is in need of a  
18 hospital transfer, that minutes matter.

19           We also know that in Chicago, black women  
20 are six times more likely to die of  
21 pregnancy-related causes, and that we are in the  
22 middle of a maternal health crisis, and that an  
23 urgent care center, such as the one that is  
24 proposed today, will not address those needs in

1 any adequate fashion.

2 I appreciate that the financial situation  
3 is dire. The systematic racism that plagues Mercy  
4 Hospital plagues the entire neighborhood. I grew  
5 up there, and I saw it day in and day out. At the  
6 same time this proposal for this outpatient urgent  
7 care clinic is just inadequate when by its own  
8 admission, 70 percent of admissions came through  
9 the ER to the hospital.

10 So I urge the Board to please deny the  
11 request of Trinity to open this urgent care center  
12 and to work with the governor to explore other  
13 options for buyers who will be able to keep the  
14 hospital open.

15 Thank you very much.

16 HEARING OFFICER AVERY: Thank you for your  
17 comments.

18 MS. CATANIA: You're welcome.

19 HEARING OFFICER AVERY: Next, we have Tyra  
20 Tomlin.

21 MS. TOMLIN: Good morning, Ms. Avery. Can  
22 you hear me?

23 HEARING OFFICER AVERY: Yes, we can.

24 MS. TOMLIN: Great. Tyra Tomlin, that's

1 my name, and it is T-y-r-a T-o-m-l-i-n. And I am  
2 a director currently at Trinity Health.

3 My name is Tyra Tomlin, and I'm honored to  
4 serve on the board of the Mercy Care Center where  
5 I will be able to continue my personal commitment  
6 to providing care to those in underserved  
7 communities. For the past several years, I have  
8 served as the corporate director of operations at  
9 Trinity Health where one of the hospitals I have  
10 supported has been Mercy.

11 In this time, I've watched two trends  
12 emerge at the same time. I have seen the  
13 challenges Mercy and other safety net hospitals  
14 have faced as the cost to provide care grow while  
15 patient volume and reimbursements decline. This  
16 has, of course, created a completely unsustainable  
17 environment for hospitals like Mercy.

18 At the same time, I have seen something  
19 more encouraging, which is that advancements in  
20 medicine have made it possible to do far more in  
21 outpatient settings than has ever been done  
22 before. Procedures that used to require an  
23 overnight stay in a hospital can now be done in a  
24 matter of hours in an outpatient setting. With

1 the Mercy Care Center, we're able to combine these  
2 two trends to create a positive and lasting  
3 outcome for the community we serve.

4 While most systems opt to close their  
5 doors for good if they are unable to make ends  
6 meet, Trinity Health is making a commitment to  
7 continue living its mission to care for the poor  
8 and underserved. Knowing this center will likely  
9 not create profits but will be able to provide  
10 care for up to 65,000 patients on the south side  
11 every year.

12 I urge the Board to approve this  
13 application to help create a new model for how  
14 compassionate healthcare systems should transform  
15 care to meet the needs of patients while  
16 recognizing the realities of healthcare financing  
17 today.

18 And I thank you for listening.

19 HEARING OFFICER AVERY: Thank you.

20 Next is Alderman Sophia King. Please  
21 begin your comment.

22 MS. KING: Can you hear me?

23 HEARING OFFICER AVERY: We can.

24 MS. KING: Thank you very much for

1 allowing me to speak here today. I come here --  
2 first of all, my name is Sophia King, S-o-p-h-i-a  
3 K-i-n-g. I am the alderman of the 4th Ward where  
4 this proposed new model of care exists, but I come  
5 here speaking on behalf of a number of electeds:  
6 Commissioner Bill Lowry, Representative Lamont  
7 Robinson, Senator Mattie Hunter, Alderman Pat  
8 Dowell, Alderman Jeanette Taylor, Representative  
9 Theresa Mah.

10 We are totally against this proposal  
11 dressed as a new model of care. I am happy that a  
12 Board member saw through this so-called new model  
13 of care when Trinity spoke to try and close Mercy  
14 weeks ago. From my understanding, this new model  
15 of care will not have any doctors; and after  
16 clinicians take images, they will just refer  
17 patients to other hospitals and doctors.

18 What people don't already know is that  
19 this spot is already a clinic, and it has  
20 basically preventative care that serves thousands  
21 of patients a year. They are decimating it. They  
22 are pulling doctors away from it. They are  
23 searching for new jobs, and so they are decimating  
24 preventative care already.

1           What's already fundamentally wrong with  
2           this proposal is that they have not asked the  
3           community what they need. They have not presented  
4           anything to my office, to any of the other  
5           electeds. They have not held any community  
6           meetings. They have not asked the community what  
7           they need and what they want.

8           Trinity was handed Mercy in great  
9           financial -- in a great financial position. They  
10          admitted this themselves. And for years, for  
11          several years, they operated Mercy at a profit.  
12          And then for the last seven years, they operated  
13          at a deficit with the same CEO, and I'm not sure  
14          why, if you're not doing well, you don't change  
15          your management. You do that all the time in  
16          situations like this. And then this last year,  
17          miraculously they operated at a profit.

18          And now, they're asking us can they --  
19          after not, you know, operating Mercy well, you  
20          know, can they now decimate another clinic that  
21          was doing well and then presenting this new model  
22          of care as transformative when really all it is is  
23          an X-ray office that will be run by clinicians,  
24          not doctors, and then handing them off to who



1 knows where because it's going to be a  
2 referral-type clinic.

3 So I am totally, you know, against, along  
4 with all of those other elected officials, of  
5 this, you know, new model of care that they're  
6 talking about which is really going backwards and  
7 not forward.

8 And I hope that the Board will continue to  
9 look at Trinity and what they're offering because  
10 during the last presentation that they made, they  
11 made a lot of assertions that weren't true; and so  
12 I hope you will look under the hood and see what's  
13 going on truly is that they are choosing profit  
14 over patients and over people. Because I think  
15 they are just trying to take Mercy and the  
16 property, and they think they're going to get  
17 profit from that in the long run and not caring  
18 about the community or the people that make up the  
19 community.

20 I am -- you know, continue to be  
21 astonished by what they're doing in the middle of  
22 a pandemic and by what they continue to do,  
23 disrespecting the community by not even talking to  
24 the community about what their needs are and

1       trying to meet their needs.

2               And so, again, I am totally against this  
3       proposal. So thank you to the Board for letting  
4       me speak today.

5               HEARING OFFICER AVERY: Thank you,  
6       Alderman.

7               Next up is Ryan McGraw. Ryan, please  
8       begin your comments.

9               MR. MCGRAW: Yes. Thank you very much for  
10      allowing me to testify today. My name is Ryan  
11      McGraw, R-y-a-n M-c-G-r-a-w.

12              I am a healthcare community organizer at  
13      Access Living in Chicago. Even though Mercy  
14      Health Center may be a needed resource to  
15      residents, it would not actually replace Mercy  
16      Hospital, which offers an emergency room and many  
17      specialty care clinics.

18              Trinity Health is a multi-billion-dollar  
19      organization that understands that closing Mercy  
20      would negatively affect south side residents.  
21      However, they are placing profits over the need of  
22      the community -- in this vulnerable south side  
23      community.

24              80 percent of those that Mercy serves are

1 economically challenged, underserved,  
2 underprivileged, and not insured. Many in this  
3 population are disabled on Medicaid or Medicare.  
4 Being a safety net hospital, Mercy serves all of  
5 these populations without question.

6       People with disabilities, which make up a  
7 great number of Mercy Hospital patients, are at  
8 greater risk of health disparity and secondary  
9 conditions. Specialty clinics such as the  
10 diabetes treatment center, heart and vascular  
11 center, pain management center, and rehabilitation  
12 and therapy program offer a wide range of services  
13 to people living with disabilities and other  
14 chronic conditions.

15       So Mercy Care Center, which would offer  
16 urgent care and diagnostic testing, would not do  
17 anything to address this loss in care. Closing  
18 Mercy Hospital would create a healthcare desert in  
19 a community that already suffers from a lack of  
20 healthcare resources, especially when it comes to  
21 specialty care and the emergency medicine, that  
22 the diagnostic testing and the urgent care of  
23 Mercy Health Center would not replace.

24       There were over 50,000 patient visits to

1 Mercy Hospital's ER in 2019. For patients with  
2 disabilities, accessing healthcare is not as  
3 simple as boarding transportation to easily travel  
4 to receive necessary healthcare. Accessible  
5 transportation can take hours or even days to  
6 arrange and use. Therefore, getting to another  
7 hospital several miles away poses a real barrier  
8 to Medicare.

9 Further, these barriers increase time to  
10 treatment during medical emergencies, especially  
11 for those who are disabled or elderly. This  
12 results in poor medical outcomes. The Mercy Care  
13 Center that is proposed does not offer a solution  
14 to this.

15 Thank you very much.

16 HEARING OFFICER AVERY: Thank you,  
17 Mr. McGraw, appreciate your comments.

18 Next we have Carla on behalf -- oh, from  
19 Senator Hunter's office.

20 You're listed as Senator Hunter, but  
21 please state your name.

22 MS. CARMOUCHE-ROGERS: Can you hear me?

23 HEARING OFFICER AVERY: We can.

24 MS. CARMOUCHE-ROGERS: Okay. Good

1 morning. I am Carla Carmouche Rogers. That's  
2 Carla, C-a-r-l-a, Carmouche, C-a-r-m-o-u-c-h-e,  
3 Rogers, R-o-g-e-r-s, Chicago district  
4 administrator to Illinois State Senator Mattie  
5 Hunter of the 3rd Legislative District.

6 Good morning, Members of the Board.  
7 Senator Hunter and I are currently in Springfield  
8 where she is building on important legislative  
9 matters; but as the senator for Mercy's  
10 legislative district, we want to make sure that we  
11 can relay this message and that we are -- the  
12 senator and I are advocating for what we believe  
13 is best for our constituents.

14 We thank you for voting against the  
15 closure of Mercy Hospital last month, and today we  
16 urge you to vote against replacing Mercy Hospital  
17 with an outpatient urgent care clinic. As the  
18 COVID-19 pandemic continues and is bound to have  
19 lasting effects on our communities, it is vital  
20 that the residents she represents have access to  
21 emergency affordable care. We cannot afford to  
22 risk the lives of residents by closing Mercy.

23 An outpatient clinic is not the best  
24 solution for city residents, and we are confident

1     that we can negotiate something that better  
2     benefits our community. As has been stated  
3     before, Trinity Health should relinquish ownership  
4     of Mercy Hospital and put it in the hands of  
5     owners who care and seek the community's best  
6     interest.

7             Our residents deserve better, and we can  
8     give them that given more time. Please vote  
9     against replacing Mercy with this urgent care  
10    clinic.

11            Thank you.

12            HEARING OFFICER AVERY: Thank you.

13            Christine Pao is next. Christine, are you  
14    able to hear us? Christine.

15            MS. PAO: Can you hear me?

16            HEARING OFFICER AVERY: We can.

17            MS. PAO: Hi, my name is -- hang on. I'm  
18    in the room with someone else. I need to move.

19            Hi, I am Christine Pao, C-h-r-i-s-t-i-n-e,  
20    P, as in Peter, -a-o, and thanks very much for  
21    taking my testimony this morning.

22            I have read the application from Trinity  
23    Health, and it seems to me like this project is  
24    specifically designed not to fall under the

1 regulation of the ILHA and the review board. So  
2 maybe --

3 HEARING OFFICER AVERY: I'm sorry to  
4 interrupt you, Christine. You need to get a  
5 little further away from the other person. We're  
6 still getting the background, please.

7 MS. PAO: Is this better?

8 HEARING OFFICER AVERY: Yes, it is. Thank  
9 you. You may proceed, Christine.

10 We'll come back to Christine.

11 Ben, and I'll spell the last name,  
12 S-a-i-y-a-s-o-m-b-a-t.

13 MR. SAIYASOMBAT: Good morning. Are you  
14 able to hear me?

15 HEARING OFFICER AVERY: Yes.

16 MR. SAIYASOMBAT: Thank you very much.

17 Hello, everybody. My name is Dr. Ben  
18 Saiyasombat. That's B-e-n S-a-i-y-a-s-o-m-b-a-t.  
19 I'm one of the doctors who has worked in the Mercy  
20 emergency room and ICU. I'm here once again to  
21 voice my opposition to the hospital's closure.

22 So at this point, it's been said time and  
23 time again, Trinity's plan to replace Mercy  
24 Hospital with a care center doesn't make any

1 sense. You can't say that you're prioritizing  
2 better access to healthcare while at the same time  
3 want to get rid of your safety net. You can't say  
4 that what you really care about is preventing  
5 disease in people and then turn around and say  
6 that you want to close a hospital.

7 And for all this talk of prevention and  
8 outpatient care and continuity, the Mercy Care  
9 Center only really has an urgent care center and a  
10 referral center. For those who aren't familiar,  
11 an urgent care deals with complaints like  
12 earaches, cuts, colds, toe pain.

13 They're not going to know things like how  
14 your blood pressure has been doing, what your  
15 sugar has been like for the past weeks, how you're  
16 supposed to adjust the dosages on your cholesterol  
17 or heart medicine. These are the things that  
18 actually matter when it comes to prevention of  
19 chronic disease, and these things are taken care  
20 of by a primary care doctor who knows you, who has  
21 been taking care of you for a while. These are  
22 the doctors that we need, but these doctors are  
23 not going to exist at the Mercy Care Center.

24 What the Mercy Care Center will have is a



1 referral center where they can say we can send you  
2 to see these types of doctors, but it's not going  
3 to be here. And this center is supposed to  
4 replace a hospital which already provides  
5 preventative outpatient care and more. It's  
6 supposed to be the one place where the community  
7 gets all of their healthcare needs and their  
8 access to care, and I just don't see how that's  
9 going to work.

10 Furthermore, the care center is expected  
11 to be completed around September of 2021, but the  
12 hospital closure is planned for May while we're  
13 still in the middle of a pandemic. So in light of  
14 these concerns, the Board voted against Trinity's  
15 application in December and rightly so.

16 Not only is Trinity's plan fundamentally  
17 flawed, but the issues that were brought up during  
18 the Board meeting, and there were multiple of  
19 them, they're not simple fixes that you can just  
20 stick a Band-Aid on and have it be resolved in a  
21 couple of months. It's definitely not going to be  
22 fixed by the planned closure date of May.

23 Despite this, essentially, immediately  
24 following the Board's decision on December 15th,

1 Trinity issued a memo to its employees indicating  
2 that they remain dedicated to their plan to close  
3 the hospital down by May and hope to appeal to the  
4 Board again this month in January.

5 So who else is there left to convince?  
6 The patients, community groups, state reps,  
7 aldermen, everybody has been fighting for months  
8 saying that they want and need this hospital. The  
9 State Board has voted against its closure.  
10 Governor Pritzker himself has written a letter in  
11 favor of keeping the hospital open. The only ones  
12 who want to close down Mercy are Trinity Health.

13 And I believe at this point they've  
14 declared quite transparently that with or without  
15 the Board's approval, they plan on moving forward  
16 with their original plan and committing all their  
17 efforts toward the hospital's closure. This is  
18 unfortunately the trajectory that we are headed  
19 towards in the next few months if nothing changes.

20 A huge part of what makes the hospital  
21 what it is is its support staff, the nurses, the  
22 techs, as well as the residency teaching programs  
23 who staff the inpatient, the surgery, as well as  
24 the OB services. By saying that Trinity is

1 continuing to close Mercy, they're trying to force  
2 out these groups that make up the backbone of the  
3 hospital's workforce; and unfortunately, if things  
4 keep going the way they're going, inevitably they  
5 will succeed.

6 They have no contingency plan for actually  
7 keeping the hospital open or operational. If  
8 there's going to be any change, any hope at all,  
9 or any sale that's going to happen, it has to  
10 occur soon, and it has to be acted on  
11 definitively. Otherwise, we are in very real  
12 danger of losing Mercy Hospital, and that cannot  
13 be allowed to happen.

14 Thank you very much for your time today.

15 HEARING OFFICER AVERY: Thank you.

16 Okay. Christine, are you there? Give her  
17 a minute. Christine Pao, are you there? Okay.  
18 Hold on.

19 William Gentry, please proceed with your  
20 comments.

21 MR. GENTRY: Yes. Hello, my name is  
22 William Gentry, G-e-n-t-r-y, first name William.  
23 I'm a patient care tech and EMT at Christ  
24 Hospital. Good morning, everyone. Hello.

1 HEARING OFFICER AVERY: Please proceed.

2 MR. GENTRY: Can you hear me?

3 HEARING OFFICER AVERY: Yes, we can hear  
4 you.

5 MR. GENTRY: Okay. Well, I'm against the  
6 closing of the hospital, and it seems that this  
7 has come down to a matter of dollars and cents.  
8 You're going to open up a care center that you say  
9 that is going to take a loss of 2 million, and  
10 then you're closing down a hospital because it's  
11 not profitable.

12 The bottom line is why are you in our  
13 community closing down our hospital that these  
14 people need. Mercy has been a part of that south  
15 side Bronzeville forever, and these people have  
16 gotten used to that and walking to their hospital  
17 and getting the care that they need, and then you  
18 want to shut it down.

19 For what purpose? I mean, you know, I  
20 work at Christ Hospital as it is, and you're  
21 cutting off people's lifeline to get themselves  
22 taken care of, and it's all about greed. That's  
23 the only thing -- and in these times, in pandemic  
24 times, why would you shut down a hospital?

1           Thank you guys for listening. I really  
2 appreciate it.

3           HEARING OFFICER AVERY: Thank you. We  
4 appreciate your time.

5           Christine.

6           MS. PAO: Hi.

7           HEARING OFFICER AVERY: Okay. Great.  
8 Thank you.

9           MS. PAO: Spell my name again?

10          HEARING OFFICER AVERY: Yes, please.

11          MS. PAO: Christine, C-h-r-i-s-t-i-n-e,  
12 Pao, P, as in Peter, -a-o. Thanks for the chance  
13 to speak to the Board.

14          I am opposed to the Mercy Care Center. I  
15 read the application from Trinity Health, and it  
16 seems like the project is specifically designed  
17 not for the needs of the community but so that it  
18 won't be regulated by the IHLA or the Review  
19 Board; and they are doing that by making it  
20 completely unaffiliated with any other hospital or  
21 healthcare system, by only investing a certain  
22 amount of money underneath the \$14 million cap,  
23 and only providing unregulated services.

24          I mean, I'm a layperson, but it seems

1 to me they just want to build something but they  
2 haven't -- they don't actually care what the  
3 community needs but by not -- by escaping  
4 regulation, it also means that they are not  
5 providing most of the services that are going to  
6 be lost with the closing of Mercy Hospital.

7 Mercy Hospital emergency room alone serves  
8 57,000 patients, and they're going to replace that  
9 with an urgent care center that can handle 12,000  
10 patients? So this care center doesn't even  
11 replace the emergency room, much less inpatient  
12 care, emergency care, no primary care, no  
13 specialist care.

14 I'm very concerned that this new --  
15 quote/unquote, "new care center" is displacing an  
16 existing outpatient clinic that provides primary  
17 and specialist care to families and seniors in the  
18 Bronzeville neighborhood. The application didn't  
19 say how many visits are provided by the existing  
20 outpatient center, whether they're simply  
21 eliminating those services or if they're being  
22 relocated.

23 The community should not have to lose  
24 access to primary and specialist care, long-term

1 relationships with physicians and providers for an  
2 urgent care center. This doesn't make any sense.  
3 This is not transformation of healthcare.

4 By continuing to implement its plan to  
5 shut down Mercy Hospital and all of its services,  
6 inpatient and outpatient, Trinity Health is  
7 showing it does not have the health and well-being  
8 of the community as its concern. It has broken  
9 the bond of trust that is essential to the  
10 relationship between patient and care providers.

11 They haven't consulted with the community  
12 on its needs or its actual usage of services for  
13 either the closure or for the new care center.  
14 They are not fit to offer healthcare services to  
15 the near south side.

16 Thank you.

17 HEARING OFFICER AVERY: Thank you, too.

18 Okay. I have unmuted callers. Is there a  
19 Heather Willis that's using the phone as a call-in  
20 user? Heather Willis -- or Will. I'm sorry.  
21 Heather Will.

22 Okay. I'll move on to the next one,  
23 Randall Butler. If Randall Butler is on the call,  
24 please raise your hand in case you're under

1 another name.

2 Okay. We'll move on to Noah Stieglitz.

3 I'm unmuting you. Please begin your comments.

4 MR. STIEGLITZ: Okay. Yeah. So, hi, my  
5 name is Noah, and that's N-o-a-h S-t-i-e-g-l-i-t-z,  
6 and I live in the Mercy area, and I'm here to  
7 speak in opposition to the opening of this new  
8 clinic.

9 You know what Bronzeville and the  
10 surrounding communities that rely on Mercy need is  
11 a hospital, not a clinic; and this clinic is part  
12 of Trinity's smoke and mirrors to try and justify  
13 the closure of Mercy Hospital. There is no way of  
14 getting around that the opening of this clinic is  
15 tied to Trinity's effort so close Mercy Hospital.  
16 This project is not a transformation. It's a  
17 radical reduction of services and care in a  
18 community that has already had a hospital closed,  
19 Michael Reese, and has no other hospitals nearby.

20 This proposed clinic would have 10 percent  
21 of the patient volume of Mercy Hospital with no  
22 inpatient care, no ER, no primary specialist care.  
23 Where will people go if they suffer a heart  
24 attack, a stroke, or have to deliver a baby? Like



1 increasingly on the south side of Chicago, it's  
2 farther and farther away and, like, this has  
3 contributed -- you know, like, we see the impact  
4 of this.

5 At this point, Trinity has shown that they  
6 can't be trusted to run healthcare facilities  
7 anywhere, but especially in vulnerable communities  
8 and neighborhoods. They have threatened to close  
9 Mercy in defiance of the Board's decision and have  
10 displayed their disregard for Bronzeville's  
11 community. They have not seriously consulted with  
12 the community, and they don't care about their  
13 needs.

14 We want Trinity to sell Mercy to a more  
15 responsible owner, but our priority is that care  
16 continues at Mercy Hospital. If Trinity, a  
17 multi-billion-dollar corporation, really is  
18 struggling to pay their bills, let them focus on  
19 continuing care at Mercy Hospital instead of  
20 opening up new clinics in the same service area.

21 So I urge you to vote no on their  
22 application to open up this clinic.

23 Thanks.

24 HEARING OFFICER AVERY: Thank you for your

1 comment.

2 Okay. Hold on one second. I'm searching  
3 for Allauna Landheart. If you are on, please  
4 raise your hand. Allauna, you are on. Can you  
5 raise your hand, or maybe you're a caller.

6 Okay. I don't see -- oh, it's under a  
7 different name. Okay. Please begin.

8 MS. LANDHEART: Okay. Sorry about that.  
9 Yes, my name is Allauna, and I am against the  
10 proposal. This is not -- can you hear me?

11 HEARING OFFICER AVERY: Allauna, can you  
12 please state your full name because we have one  
13 last name on the sign-in sheet and a different  
14 last name on the --

15 MS. LANDHEART: Yes. My name is Allauna  
16 Landheart, A-l-l-a-u-n-a.

17 HEARING OFFICER AVERY: Okay. Thank you.  
18 Please begin your remarks.

19 MS. LANDHEART: Yes, I am against the  
20 proposal. I am a member of the Bronzeville  
21 community, and the proposal is a continued  
22 disservice -- or would be a disservice to my  
23 community.

24 This is not a community decision. There

1 hasn't been any community discussion, and that's  
2 because Trinity does not care about the community  
3 and our buy-in. Bronzeville is my community, and  
4 Mercy is my hospital.

5 I urge you all to vote against this  
6 radical proposal to close our hospital and replace  
7 it with an inadequate mode of healthcare.

8 Thank you.

9 THE REPORTER: Could you spell your last  
10 name, please.

11 MS. LANDHEART: L-a-n-d-h-e-a-r-t.

12 HEARING OFFICER AVERY: Thank you.

13 Let me find Debra Weaver.

14 Debra Weaver, if you're on under a  
15 different name, please raise your hand.

16 I've unmuted call-in users 10, 12, 5, 7,  
17 and 9. Are one of you Debra Weaver?

18 Okay. Thank you. Hold on. Let me get  
19 the next person. Debra had to leave.

20 Okay. I'm searching for Glenda Lott. If  
21 you are on, please raise your hand. Okay. Glenda  
22 is not with us either. Thank you whoever is  
23 sending me the text messages.

24 We'll go now to Jocelyn Wilcox. Thank

1       you. Jocelyn, are you there? I've unmuted you.

2               MS. WILCOX: Hello, can you hear me?

3               HEARING OFFICER AVERY: Yes.

4               MS. WILCOX: Okay. Hi, my name is Jocelyn  
5 Wilcox, J-o-c-e-l-y-n W-i-l-c-o-x, and I'm here to  
6 speak in opposition to opening the new clinic. As  
7 a -- sorry -- I have a little bit of anxiety.

8               As a future mother in the community who  
9 will need services and a hospital to take care of  
10 my future children and to give birth, to have a  
11 hospital closing, one of the few hospitals in the  
12 city that has those services available, would be  
13 very hard for me to get my needs met and the needs  
14 of my children met.

15              So I would urge you not to allow them to  
16 open this clinic which will not meet the needs  
17 that I'm going to have in the near future and will  
18 not meet the needs of so many other community  
19 members as you heard throughout this call.

20              So please, don't allow them to open this  
21 clinic because they've been -- and also as you  
22 see, they've been so transparent about how it's  
23 just to be able to allow them to close the  
24 hospital. I don't want to see them open the

1 clinic because I know that they're just using that  
2 as an excuse to close the hospital, which has so  
3 many more services beyond that, that can't meet  
4 the needs that the community has.

5 So thank you for your time.

6 HEARING OFFICER AVERY: Thank you for your  
7 time, ma'am.

8 I'm searching for Novak. If you're on,  
9 please raise your hand.

10 Okay. Keisha Liddell, please begin your  
11 comments.

12 MS. LIDDELL: Hello. My name is Keisha  
13 Liddell, K-e-i-s-h-a L-i-d-d-e-l-l.

14 I am a lifelong south sider but a two-year  
15 Bronzeville community member, and one of the main  
16 reasons that I chose to live in this neighborhood  
17 was the opportunity of accessibility, not only to  
18 food and other services, but also healthcare  
19 services provided at Mercy Hospital.

20 I had a recent incident where I needed to  
21 have an out-of-town loved one rush to the  
22 hospital, and Mercy was one of the only places  
23 that offered me a warm welcome, great customer  
24 service, and were attentive to not only my needs

1 as someone who was waiting on a loved but also the  
2 person who was being serviced.

3 I was able to witness healthcare providers  
4 at Mercy interact with people that they saw  
5 regularly and recognized them and treat them as  
6 the community members that they are. It was  
7 something that was very comforting to see and  
8 reassuring to know, that I was in a place where  
9 people were not afraid to, obviously, do their job  
10 but also to have a warm connection with community  
11 members, where it's often hard to see that  
12 sometimes.

13 Additionally, another reason why I chose  
14 to go to Mercy, to take my loved one there was,  
15 one, because it was close, which was very  
16 convenient. As a young adult who is navigating  
17 life by themselves, it was comforting to know that  
18 I had a reliable place that would have adequate  
19 resources and give me the adequate attention  
20 needed to be able to be serviced properly.

21 It's also affordable, and as I said  
22 before, offered me great comfort with customer  
23 service, where I have experienced less pleasant  
24 experiences with other hospitals I have called in

1 the area.

2 Lastly, I wanted to say that usually with  
3 urgent care, my experience has been -- I found  
4 that the resources or the needs that -- my needs  
5 were not being met fully at urgent care centers.  
6 I've been to a number of them for smaller things  
7 or bigger things, but I usually always ended up  
8 going to a hospital like Mercy to get the care  
9 that I felt, like, I needed to address my issues.

10 Which furthers my point that Mercy often  
11 offers this community, like you said before, a  
12 safety net and a place to feel welcome and well  
13 taken care of, especially when it's hard as a  
14 young adult finding healthcare and keeping  
15 healthcare, especially having access to primary  
16 and specialist care. So not only young  
17 individuals like myself but for families and for  
18 seniors in the Bronzeville area.

19 So I urge you all to please vote against  
20 opening this clinic and to allow the community to  
21 be heard and to keep places open like Mercy where  
22 community members like myself rely on places like  
23 Mercy to provide critical healthcare services to  
24 our community.

1 Thank you.

2 HEARING OFFICER AVERY: Thank you for your  
3 comment, Ms. Liddell.

4 I've unmuted callers 10, 12 and 9. If  
5 you would like the opportunity to speak, please  
6 say so.

7 Okay. Is Dr. John Picken on the line? If  
8 so, raise your hand.

9 Thank you. Please begin your comment.

10 MR. PICKEN: My name is John, J-o-h-n,  
11 Picken, P, as in Paul, -i-c-k-e-n, as in normal.

12 I have been an obstetrician at Mercy  
13 Hospital for 51 years; and we not only train  
14 residents in OB-GYNE, but we serve a community  
15 where over 80 percent of our pregnancies are high  
16 risk. This means both the mother and for baby.

17 And this is an essential service; and if  
18 Mercy closes, there is no hospital capable of  
19 picking this up in the area, not with the volume  
20 that we use. We used to have 3,000 deliveries a  
21 year. We're down to close to 2,000 now because of  
22 the nationwide drop in the birth rate. But this  
23 is still 2,000 patients who have nowhere to go  
24 otherwise, especially with the high-risk



1 categories that they are in.

2 The second thing is whether or not this  
3 not un-new unit, but replacement unit at Cottage  
4 where Mercy was operating an outpatient center for  
5 four, five, or six years, I think, with an urgent  
6 care center has no effect whatsoever on reducing  
7 the harm that is done if Mercy closes. So in our  
8 future board meetings when we are discussing Mercy  
9 as a whole, we have to remember that.

10 Our residency programs and medical school  
11 programs not only train them in medicine, they  
12 train them in how to care for underprivileged,  
13 underserved patients. Patients who have been in  
14 revolving door situations where they come to a  
15 doctor that they never knew or saw before, give  
16 their symptoms, have a diagnosis, go out with a  
17 prescription, and they're in the street wondering  
18 what happened and what do I have and what does it  
19 mean? Is it dangerous? What do I do next? And  
20 that's not the kind of care that these patients  
21 need.

22 So regardless of what the decision is  
23 today about the Cottage Grove site, the issue in  
24 future meetings will have to be Mercy itself, the

1 hospital itself. And that is a life-and-death  
2 situation for pregnant woman in the south side of  
3 Chicago.

4 Thank you.

5 HEARING OFFICER AVERY: Thank you for your  
6 comment.

7 Next is Latonya Jefferies, I do not see  
8 you listed. If I've overlooked you, please raise  
9 your hand.

10 Okay. Next we'll go with David  
11 Schusteric. David, please begin speaking and  
12 spell your name and pronounce it correctly for the  
13 court reporter. Thank you.

14 MR. SCHUSTERIC: Sure. Good morning. I  
15 would like to begin by thanking the committee for  
16 allowing me to speak today. My name is David  
17 Schusteric. It's spelled S, as in Sam, -c-h-u-s,  
18 as in Sam, -t-e-r-i-c?

19 I'm here today as a supporter of the  
20 community in opposition to the Mercy Care Center.  
21 As a hospital manager experienced in the field, I  
22 can tell you firsthand this is not the correct  
23 direction for the south side of Chicago. If  
24 anything, it's embarrassing and despicable that

1 colleagues in my field think that this is the best  
2 they can do.

3 The American Journal of Managed Care  
4 defines fragmentation as the systematic  
5 misalignment of incentives or lack of coordination  
6 that spawn inefficient allocation of resources or  
7 harm to patients. In other words, fragmented care  
8 arises when different healthcare providers or  
9 organizations do not effectively work together.

10 Fragmented care can be a health hazard.  
11 Prescribing different types of medications without  
12 coordination causes serious health and economic  
13 risk. Research has shown that the number of  
14 unwanted hospitalizations and patients with  
15 inadequate care coordination is higher than  
16 patients who have the coordination.

17 Trinity Health is bidding to shut down our  
18 hospital which predominantly serves the most  
19 vulnerable patients by masking it with a  
20 fragmented plan of a care center. After reading  
21 the applicant's application, this plan barely even  
22 functions as a clinic. To be honest, it's  
23 repulsive that Trinity thinks this care center is  
24 a healthier option than a hospital for the

1 community.

2 Based on the floor plan provided to the  
3 State in the application, the care center doesn't  
4 even have a casting room. This means urgent care  
5 center -- this means the urgent care center can't  
6 even handle simple bone breaks or fractures which  
7 most urgent care facilities are equipped to  
8 handle. The floor plan also lacks a lab to  
9 process basic labs and blood work, which means  
10 testing will have to be referred out, delaying  
11 results, and the correct care for patients.

12 Trinity doesn't even plan to have  
13 physicians on-site at the facility. This means  
14 basic health services will be farmed out through  
15 their care coordination to other clinics within  
16 the community which are already struggling.

17 This also does not follow the medical  
18 standard of continuity of care. By opening the  
19 Mercy Care Center, Trinity is claiming they're  
20 going to lose \$3 million annually as if they're  
21 saving the community and need an award. In  
22 reality, it's just a sham clinic.

23 The south side of Chicago doesn't need  
24 fewer services. They need more, which this State

1 Board has already detailed in the staff report.  
2 This very Board has acknowledged that the A0-3  
3 planning area would need 36 ICU beds if Mercy  
4 Hospital were to close. Closing Mercy's emergency  
5 room would leave patients traveling over 5 miles  
6 for emergency services, which can be life or  
7 death. There would be absolutely no physical  
8 rehabilitation beds in the A0-3 planning area.

9 This plan is not for the greater good of  
10 the community. A study published by the American  
11 Journal of Managed Care found that consequences of  
12 a fragmented care model often lead to unmet social  
13 needs, conflicting medications, and incorrect  
14 diagnosis. Most of the patients who are affected  
15 by fragmented care coordination were populations  
16 that were already at risk for chronic illness and  
17 had an array of unmet social need.

18 The same study found that at-risk patients  
19 whom experience a high percentage of gaps in care  
20 coordination had higher rates of ambulatory care  
21 sensitivity and hospitalizations than patients who  
22 experienced a lower percentage of gaps in care  
23 coordination.

24 Shutting down Mercy Hospital will only

1 amplify these imbalances by increasing a  
2 healthcare desert to a community already suffering  
3 from a healthcare injustice and would simply be  
4 inhumane.

5 Trinity isn't eliminating community  
6 barriers but contributing to the problem.  
7 Patients can barely make it to their current  
8 appointments. Having them shift from one clinic  
9 to another isn't going to help. Today you have  
10 the opportunity to be part of the solution, not  
11 part of the problem. Everyone deserves affordable  
12 healthcare and continuity of care close to home.

13 Trinity claims that this changes need for  
14 the better of the community. In Trinity's  
15 testimony to the State, they admitted they never  
16 consulted with the community about opening the  
17 care center. If this plan were to move forward,  
18 the patients would agonize in magnitudes for  
19 generations to come.

20 Regardless of Trinity including the  
21 community in this project, the community has  
22 spoken loud and clear that they are against the  
23 closure of Mercy Hospital and moving to open the  
24 care center. The one reason Trinity is opening a

1 care center is because they walked into a  
2 seven-year lease at Oakwood Shores, which is the  
3 facility this clinic is going to go into.

4 The remaining other properties can be sold  
5 off for profit. This clearly shows Trinity cares  
6 more about their profit and saving their own ass  
7 over their patients' well-being. What happens  
8 after their seven-year lease expires? Will the  
9 clinic continue? Will the patients need to suffer  
10 again and find services elsewhere if the clinic  
11 closes? What is the true motive behind Trinity's  
12 fractured healthcare plan?

13 On top of all of this, in 2016, Trinity  
14 attempted to open up a care center in another  
15 state, and it failed, resulting in the closure of  
16 the facility by 2019. This is not about serving  
17 the community or their mission, but about  
18 corporate self-indulgence. At the end of FY20,  
19 Trinity reported an operating revenue of 18.8  
20 billion and only had a reported loss of 2.4 from  
21 the previous year.

22 Trinity can afford to keep Mercy Hospital  
23 open, or they can get the hell out of the way and  
24 allow the State to allow their buyer to take over.

1 In the State Board meeting on December 15th,  
2 Governor Pritzker's office confirmed they are  
3 securing funding to keep Mercy open; however,  
4 Trinity is not coming to the table. State Rep  
5 Lamont Robinson has confirmed that he has a  
6 potential buyer; however, Trinity is not coming to  
7 the table.

8 Trinity Health stated they had interested  
9 buyers but refused to give the names of who the  
10 potential buyers were to the Review Board.  
11 Trinity also claimed that one buyer had no  
12 experience operating a hospital, and Trinity  
13 refused to continue. However, you can easily hire  
14 consultants to help operate a hospital, just as  
15 Trinity has in the past.

16 Trinity needs to negotiate and stop  
17 pushing their sham agenda. If you allow Trinity  
18 to open the care center, you're allowing them to  
19 have another move in chess. Do not allow them to  
20 make moves that go against what the community  
21 needs, what the community wants, and what you know  
22 is wrong.

23 You have the power to stop healthcare  
24 fragmentation from increasing. Under the oath



1       that each of you took, follow your heart and  
2       prevent Trinity from damaging the south side of  
3       Chicago.

4               In closing, please reject Trinity's plan  
5       to close Mercy Hospital and reject their plan to  
6       open the Mercy Care Center. The community does  
7       not need a fragmented and fractured care center.  
8       The community needs a full-service hospital to  
9       care for them. The community needs a health  
10      system willing to follow their own mission.

11             Thank you for your time.

12             HEARING OFFICER AVERY: Thank you for your  
13      comment.

14             Okay. I did a quick scan of those that  
15      are registered compared to those that are on, and  
16      I don't seem to have a match. So anyone that  
17      wants to speak, please raise your hand. If you  
18      have already spoken, please lower your hand.

19             Okay. Amy, you've been unmuted. Please  
20      begin your comments.

21             MS. ORTEGA: My name is Amy Ortega. It's  
22      A-m-y O-r-t-e-g-a. I have been a doula in Chicago  
23      for 10 years offering prenatal labor and  
24      postpartum support.

1           I have seen the spectrum of provider  
2     interactions with patients and can attest to the  
3     midwifery model of care which Mercy Hospital  
4     offers. It's one of the hospitals in Chicago that  
5     still offers midwifery care when other programs  
6     have been shut down.

7           Currently, I'm a nurse at UIC in their  
8     neuro ICU; and my concern, in addition to closing  
9     the maternal center in Chicago, it's also closing  
10    ICU beds during a pandemic. This would be  
11    detrimental in a good year, but we're in a  
12    pandemic currently, and so I think that compounds  
13    the problems, not only for Chicago but for Trinity  
14    Health. They should be ashamed of themselves.

15          So from the testimony I've heard so far,  
16    the rationales for closing Mercy Hospital are  
17    translucent and steeped in profits over people.  
18    Mercy's own website states that they are, quote,  
19    "Committed to those who are poor and underserved  
20    in its communities," end quote.

21          According to the Alliance For Health  
22    Equity, quote, "Between 80 percent and 90 percent  
23    of the population served by Mercy are economically  
24    challenged, underserved, underprivileged, and

1       uninsured," end quote.

2               The mission of Trinity Health compared to  
3       their actions don't match. If Trinity wants to  
4       uphold their moral and ethical responsibilities to  
5       serve the communities in which they operate, they  
6       will keep the hospital open and help to find a  
7       buyer that will be a better steward of this  
8       resource who will genuinely care for and work with  
9       the community.

10              Thank you.

11              HEARING OFFICER AVERY: Thank you for your  
12       comment.

13              Ronald Campbell, please begin your  
14       comment.

15              MR. CAMPBELL: Members of the Board, my  
16       name is Ronald Campbell, R-o-n-a-l-d  
17       C-a-m-p-b-e-l-l. I am the chairman of the NAACP  
18       health committee, south side branch.

19              I'm here today to oppose the building of  
20       an ambulatory health clinic at Mercy Hospital.  
21       This clinic, which is a proposal, is an offering  
22       of Trinity Health Systems for approval to close  
23       Mercy Hospital. The community needs a hospital.  
24       A hospital that provides emergency care and

1 patient hospitalizations and continued diagnostic  
2 services.

3 Intercity hospital closures eliminate both  
4 stable sources of employment and irreplaceable  
5 symbols of community investment. Hospital  
6 closures disproportionately reduce hospital  
7 resources available to residents in Afro-American  
8 communities and extend further the legacy of  
9 racial disadvantage to distribution of healthcare  
10 services.

11 Ambulatory healthcare centers in  
12 conjunction with hospitals is acceptable.  
13 Ambulatory health centers are not a substitute for  
14 hospitals.

15 Thank you.

16 MS. GOVAS: Hello.

17 HEARING OFFICER AVERY: Oh, I'm sorry.  
18 Christina, please begin your comments.

19 MS. GOVAS: Hi, thank you. Good morning.  
20 My name is Christina Govas, C-h-r-i-s-t-i-n-a,  
21 last name, G, as in Guy, -o-v, as in Victor, -a-s,  
22 as in Sam. I'm a fourth-year medical student, and  
23 I am here opposing the replacement of Mercy  
24 Hospital with a lesser care model.

1           Firstly, I want to say thank you. This  
2 Board unanimously chose to save Mercy Hospital and  
3 unanimously proved that the community Mercy serves  
4 matters and unanimously put patients over profits.  
5 I have no doubt that this Board will continue to  
6 fight for what's best for the community.

7           The incessant push for the closure of a  
8 hospital in an underserved community in the middle  
9 of a pandemic shows a level of callousness for  
10 human life that is chilling. Mercy stands as a  
11 safety net hospital, providing emergency services  
12 where time to treatment is directly proportional  
13 to quality of recovery.

14           Shutting down Mercy Hospital will increase  
15 the mortality risk of an already vulnerable  
16 community. A community that is currently  
17 disproportionately affected by COVID-19. Enough.

18           Trinity Health wants us to believe that  
19 less services placed farther away is somehow  
20 sufficient and fair. They claim it's what's best.  
21 Trinity's proposed idea is to, quote, "transform  
22 Mercy Hospital." This transformation requires  
23 shutting down a full-service hospital, replacing  
24 it with an outpatient care center with drastically

1 less services, and building said care center away  
2 from the current community Mercy serves, a full 2  
3 miles away. Does that sound like general concern  
4 for the lives of the community. To me, it does  
5 not.

6 It is increasingly clear that Trinity's  
7 interests do not align with what's best for the  
8 community. Their solution is to steamroll a group  
9 of people in need of access to a full-service  
10 hospital at the exact current location Mercy  
11 stands. Trinity's proposal makes me very uneasy.  
12 It will, without question, leave a healthcare  
13 desert in its wake.

14 Hospitals in underserved communities  
15 deserve protection. They stand as beacons of  
16 hope, and mercy for patients who far too often go  
17 unprioritized. The bottom line is this: Trinity  
18 has options. They can sell. Patients on the  
19 other hand only have one viable option, to keep  
20 Mercy Hospital open.

21 Let us continue to stand united protecting  
22 and prioritizing human life. I plead the Board to  
23 uphold their unanimous decision and oppose the  
24 closure of Mercy Hospital. I plead the Board to

1 deny Trinity's proposal to open an urgent care  
2 center. Please once again choose to save the  
3 community, choose to save Mercy Hospital.

4 Thank you very much.

5 HEARING OFFICER AVERY: Thank you for your  
6 comment.

7 Jeanine Logan, please begin your comment.

8 MS. LOGAN: Thank you. My name is Jeanine  
9 Logan, and I'm a certified nurse midwife. It's  
10 very devastating to see that Mercy will be closing  
11 and offering -- and Trinity offering a poor  
12 replacement for a full-service hospital.

13 Let's not forget already that there have  
14 been closures of OB units across the south side,  
15 including, in part, St. Bernards. So this is  
16 another insult to the poor outcomes that we are  
17 seeing. These closures are in communities with  
18 maternal and child health outcomes that are two to  
19 three times higher than the State.

20 The multigenerational racial bias and  
21 institutional harm that has been created by  
22 these -- that have created these outcomes within  
23 communities will continue to be present in our  
24 communities moving forward with closing of OB

1 units and offering mediocrity over replacement.

2 We don't need more closures. We need more  
3 options, and having an ambulatory care system is  
4 not an option for us. It can never be a  
5 replacement for a full-capacity hospital, like I  
6 said, and including we need hospitals that have  
7 full-operating OB units.

8 Thank you.

9 HEARING OFFICER AVERY: Thank you for your  
10 comment.

11 Ayanna Allen, please begin.

12 MS. ALLEN: Yes. Good morning. My name  
13 is Ayanna Allen. It's A-y-a-n-n-a, last name  
14 A-l-l-e-n.

15 I am a member of the community that Mercy  
16 serves. I do go to Mercy Hospital, and I  
17 completely oppose closing a hospital to put a  
18 clinic in its place. That is just a sham to make  
19 sure that they can leave us with nothing in a  
20 period of time beyond them opening, say, a clinic.

21 This is ridiculous, and brown and black  
22 people have suffered at the hands of a so-called  
23 plan for a transformation before. This is no  
24 different. And if I want to make sure that I see



1 something close in a community, I bet it's  
2 probably just as simple to make sure that it  
3 appears to be failing.

4 We desperately need a full-service  
5 hospital in our community. This is racism, this  
6 is classism, and it's disgusting that I have to  
7 join a call and ask for things that people of  
8 different race and different economic status don't  
9 have to beg for.

10 Please do not close Mercy Hospital that  
11 serves my community, me and my family. Please do  
12 not allow Trinity Health Systems to devalue my  
13 life and the lives of others who look like me.

14 Thank you.

15 HEARING OFFICER AVERY: Thank you for your  
16 comment.

17 Etta Davis, please begin your comment.

18 MS. DAVIS: Good morning. My name is Etta  
19 Davis. I am a resident of the Dearborn Homes  
20 Community.

21 First of all, I don't think that this  
22 Trinity corporation is getting the point, or they  
23 may know the point, but they just really don't  
24 care. I'm also a patient of Mercy Hospital; and

1 in my community, we have over 216 seniors as well  
2 as disabled people walking around on canes, people  
3 who have respiratory, as well as cardiac problems,  
4 and we need Mercy Hospital. What do you do once a  
5 clinic is closed?

6 You know, it's okay to have a clinic  
7 built, but we need that hospital because after the  
8 hours of the clinic's closing when there's  
9 emergencies with people when they have respiratory  
10 or a cardiac crisis or whatever, then by the time  
11 it takes an ambulance to come from way across town  
12 to get to our community, either that person has  
13 died then; or if by the time the ambulance comes  
14 to take them across town, they are going to die on  
15 the way.

16 So we need Mercy Hospital, and I want to  
17 appeal to your mind, heart, and your spirit.  
18 Please do not close this hospital.

19 Thank you.

20 HEARING OFFICER AVERY: Thank you for your  
21 comment.

22 Allauna Davis, please begin.

23 MS. LANDHEART: Hi, this Allauna. I  
24 already went prior.

1 HEARING OFFICER AVERY: I thought so. I  
2 apologize for that oversight.

3 MS. LANDHEART: No problem.

4 HEARING OFFICER AVERY: Let me double  
5 check. Okay. I'm unmuting the call-ins. If  
6 you (inaudible) please turn it off. Okay.  
7 Call-in users 10, 15, and 9, is there anyone that  
8 wishes to provide testimony at this time?

9 Okay. Hearing none, I will mute you  
10 again.

11 If there's anyone that's wishing to  
12 provide testimony, I've gone through all the  
13 sign-in sheets and compared them to who is on the  
14 call. If you wish to provide testimony, please  
15 raise your hand.

16 I'll check my text messages. Okay. For  
17 the record, I will call names. If you hear yours  
18 and you're under a different name, please raise  
19 your hand for that one. Louise McTush, Mary Rice,  
20 Patrick Kinard, Stephanie Lisbetter, Theresa  
21 Stroup, Yvonne Sanders, Betty Chang, Claudette  
22 Jackson, Deborah Weaver, Maricetia Brown.

23 Okay. All right. I don't have any hands  
24 raised. If there's anyone once again that is on

1 the platform that would like to speak, please  
2 raise your hand.

3 Okay. No hands are raised. I will start  
4 the conclusion of this public hearing and ask that  
5 you take note of the following dates.

6 This project is tentatively scheduled for  
7 consideration by the Board at its January 26th  
8 meeting. The meeting will be held virtually.  
9 Please refer to the HFSRB website at  
10 [hfsrb.illinois.gov](http://hfsrb.illinois.gov) for more details and possible  
11 agenda changes.

12 Also written comments to the State Board  
13 staff report which will be posted on Tuesday  
14 January the 12th, that's for the State Board staff  
15 report, will be accepted until 9:00 a.m. on  
16 Tuesday, January 19th. So if you have any  
17 comments to the State Board staff report please  
18 visit the website [www.hfsrb.illinois.gov/s](http://www.hfsrb.illinois.gov/s), as in  
19 Sam, a, as in apple, r, as in red, s, as in Sam.

20 Again the State Board staff report will be  
21 posted on January 12th. Written comments will be  
22 due by 9:00 a.m. on January 19th, and you may  
23 submit those comments to the  
24 [DPH.HFSRB.PublicHearings@illinois.gov](mailto:DPH.HFSRB.PublicHearings@illinois.gov).

1 Does anyone have any questions pertaining  
2 to the information that I just submitted? If so,  
3 please raise your hand or send a message in the  
4 chat box.

5 If there are any questions, you can always  
6 e-mail to the DPH.HFSRB.PublicHearings@illinois.gov.

7 Okay. David, the original application for  
8 the discontinuation was issued an intent to deny,  
9 and we have scheduled the second attempt to  
10 present to the Board for the March meeting. Let  
11 me get the date.

12 Mike Constantino, can you tell me the  
13 March meeting date, please. I apologize.

14 MR. CONSTANTINO: 16th, March 16th.

15 HEARING OFFICER AVERY: Okay. Thank you,  
16 Mike. March 16th, David.

17 Okay. Any other questions?

18 Hearing none, at 11:37, I will adjourn  
19 this public hearing on behalf of the Board, the  
20 State Board. We thank you for your participation.

21 Have a good day everyone.

22 (Off the record at 11:37 a.m.)  
23  
24

CERTIFICATE OF SHORTHAND REPORTER

I, Joanne E. Ely, Certified Shorthand Reporter No. 84-4169, CSR, RPR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 21st day of January, 2021.

My commission expires: May 16, 2024



Notary Public in and for the  
State of Illinois

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