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# Transcript of Public Hearing

**Date:** March 12, 2021

**Case:** Mercy Hospital & Medical Center, 2525 South Michigan Avenue, Chicago, Illinois

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

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IN RE: :  
Public Comments :  
Regarding Application : Civil Action No.  
for Exemption for a : E-003-21  
Change of Ownership :  
of Mercy Hospital & :  
Medical Center. :

- - - - - x

HEARING in accordance with requirements of the  
Illinois Health Facilities Planning Act  
Conducted Virtually  
Friday, March 12, 2021  
11:08 a.m. CT

Job No.: 358810  
Pages: 1 - 117  
Reported By: Courtney Petros, RPR, CSR

1           Public hearing, conducted virtually:

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8           Pursuant to notice, before Courtney Petros, a  
9           Certified Shorthand Reporter, Registered  
10          Professional Reporter, and a Notary Public in and  
11          for the State of Illinois.

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A P P E A R A N C E S

PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES

REVIEW BOARD, by

COURTNEY AVERY, Public Hearing Officer

GEORGE ROATE, CON Reviewer

APRIL SIMMONS, General Counsel

ANN GUILD, Compliance Manager

Michael Mitchell

525 West Jefferson Street

Second Floor

Springfield, IL 62761

(217) 782-3516

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

2 HEARING OFFICER AVERY: Good morning,  
3 everyone. Thank you for participating in today's  
4 public hearing of Mercy Hospital and Medical  
5 Center. I am Courtney Avery, the administrator  
6 and hearing officer for the Illinois Health  
7 Facilities and Services Review Board. Present  
8 with me today is Ann Guild, compliance manager,  
9 April Simmons, general counsel, George Roate, CON  
10 reviewer, and Mike Mitchell. On behalf of IHFSRB,  
11 thank you for attending today's proceedings.

12 As per the rules for the Health Planning  
13 Act, the Illinois Health Planning Act, the  
14 previously published notice, notice of review and  
15 opportunity for public hearing and written comment  
16 will be included in today's record:

17 "LEGAL NOTICE OF PUBLIC HEARING.  
18 AND OPPORTUNITY FOR WRITTEN COMMENT.

19 "In accordance with the requirements of  
20 the Illinois Health Facilities Planning Act,  
21 notice is given of the receipt of an application  
22 for exemption for a change of ownership of Mercy  
23 Hospital & Medical Center, 2525 South Michigan  
24 Avenue, Chicago, Illinois (#E-003-21).

1           "The Applicants are Mercy Hospital &  
2 Medical Center, Mercy Health System of Chicago,  
3 Trinity Health Corporation and Insight Chicago,  
4 Inc. The owner of the site and the licensee will  
5 be Insight Chicago, Inc. This change of ownership  
6 is considered a purchase resulting in the issuance  
7 of a license to an entity different from current  
8 licensee. The expected completion date of this  
9 purchase is May 31, 2021.

10           "The Public Hearing is to be held by the  
11 Illinois Health Facilities and Services Review  
12 Board pursuant to the Illinois Health Facilities  
13 Planning Act. The Hearing is open to the public  
14 and will afford an opportunity for parties at  
15 interest to present verbal and or written comments  
16 relevant to the project. All allegations or  
17 assertions should be relevant to the need for the  
18 proposed project.

19           "This exemption application was called  
20 complete on March 4, 2021. Written Comments on  
21 this exemption MUST be received by the Illinois  
22 Health Facilities and Services Review Board no  
23 later than March 19, 2021.

24           "The Public Hearing will be

Transcript of Public Hearing  
Conducted on March 12, 2021

1 conducted VIRTUALLY (WEBEX Online Meeting) on  
2 March 12, 2021, from 11:00am-1:00pm.  
3 WebEx Connection Instructions, Friday, March 12,  
4 2021, 11:00am - 1:00pm, WebEx Testimony ONLY at:  
5 [https://illinois.webex.com/illinois/onstage/g.php?](https://illinois.webex.com/illinois/onstage/g.php?MTID=e9ebce8f74601aa909409a0fbef380736)  
6 [MTID=e9ebce8f74601aa909409a0fbef380736](https://illinois.webex.com/illinois/onstage/g.php?MTID=e9ebce8f74601aa909409a0fbef380736). Event  
7 Number (Access Code): 133 817 2133.

8 "Anyone wishing to present testimony for  
9 this session must register and/or submit written  
10 comments by email to  
11 [DPH.HFSRB.PublicHearings@illinois.gov](mailto:DPH.HFSRB.PublicHearings@illinois.gov). Please  
12 provide your name and identify the project you  
13 wish to address. Registration must be received no  
14 later than 12:00 noon, Thursday, March 11, 2021.

15 "Audio Only Connection to receive a call  
16 back, provide your phone number when you join the  
17 event, or call the number below and enter the  
18 access code. Chicago Toll, 1-312-535-8810, US  
19 Toll, 1-415-655-0002, Event Access code: 133 817  
20 2133. If you should have any questions please  
21 contact Courtney Avery, Administrator at  
22 (312) 590-6511 or at [courtney.avery@illinois.gov](mailto:courtney.avery@illinois.gov)."

23 Please note that in order to ensure that  
24 the Health Facilities and Services Review Board's

1 public hearings protect the privacy and maintain  
2 the confidentiality of an individual's health  
3 information -- excuse me -- covered entities, as  
4 defined by the Health Insurance Portability and  
5 Accountability Act of 1996, such as facilities,  
6 hospital providers, health plans, and health care  
7 clearinghouses, submitting oral or written  
8 testimony that discloses protected health  
9 information of individuals shall have a valid  
10 written authorization from that individual. The  
11 authorization shall allow the covered entity to  
12 share the individual's protected health  
13 information.

14 Those of you that have prepared text of  
15 your testimony, please note that you may submit  
16 the written testimony which will be entered into  
17 today's record and made available for all IHFSRB  
18 members prior to the March 22nd meeting covering  
19 this event.

20 I ask that you please limit your testimony  
21 to two minutes. As you begin your testimony,  
22 please clearly state and spell your full name.  
23 And, again, if you have written copies that you  
24 would like submitted, you can e-mail them to the



1 e-mail as listed on the public notice which is  
2 DPH.HFSRB.PublicHearings@illinois.gov.

3 Today's proceedings will begin with the chief  
4 operating officer from Insight -- I'm sorry -- the  
5 founder of Insight, Dr. Jawad Shah.

6 Dr. Shah, I am about to unmute you.  
7 Please be patient.

8 MR. MITCHELL: Courtney, Juan sent an  
9 e-mail saying that they're listed under Insight  
10 Chicago on the attendee list. Asked if they could  
11 be on camera.

12 HEARING OFFICER AVERY: So one person?

13 MR. MITCHELL: Well, I don't know. He  
14 just said that they're listed under Insight  
15 Chicago on the connection. So --

16 HEARING OFFICER AVERY: Okay. I'll unmute  
17 both.

18 DR. SHAH: Hi, Ms. Avery. Can you hear me  
19 properly?

20 HEARING OFFICER AVERY: I can. Thank you.

21 DR. SHAH: Okay. Thank you very much.

22 HEARING OFFICER AVERY: Anne Igoe, if you  
23 have something you want to communicate, please  
24 send me a chat. Okay. Sorry about that. Please

1 proceed.

2 MR. MORADO: Ms. Avery, is it possible for  
3 the opening statement if we can have Dr. Shah on  
4 video?

5 HEARING OFFICER AVERY: Is he listed?

6 MR. MORADO: He's about to speak right  
7 now. He's the one who just said hello. We're  
8 under the Insight Chicago.

9 HEARING OFFICER AVERY: I don't see him.

10 MR. MORADO: I believe Insight Chicago is  
11 already unmuted.

12 MR. MITCHELL: Yeah. If you can make them  
13 a panelist -- right click on that Insight Chicago  
14 and make them a panelist, Courtney, then they  
15 should be able to.

16 HEARING OFFICER AVERY: Okay. I got it.  
17 Is that working?

18 MR. MITCHELL: I think it's maybe the  
19 other one. There were two of them there,  
20 Courtney. Sorry.

21 HEARING OFFICER AVERY: I only see one  
22 right now. Make panelist. Okay. For those  
23 listening, please be patient. Okay. There we go.

24 DR. SHAH: Ms. Avery, can we proceed? We

1 had a bit of a technical glitch here.

2 HEARING OFFICER AVERY: Yes.

3 DR. SHAH: Should I proceed?

4 HEARING OFFICER AVERY: You can now.

5 Thank you. You may proceed.

6 DR. SHAH: First of all, good morning to  
7 everyone here -- first of all, good morning to  
8 everyone here on the call and in the city. I'm  
9 really, really grateful for the opportunity to  
10 speak before all of you today.

11 I just wanted to start by telling you a  
12 little bit about why we're interested in  
13 rebuilding Mercy Hospital. My name is Dr. Jawad  
14 Shah. And, in 2008, I founded Insight which was  
15 to provide clinical services, neurosurgery, and  
16 other neurosciences, particularly, in the Flint,  
17 Michigan area.

18 I'm sure you've heard much about the city  
19 of Flint. When everyone else was leaving the  
20 town, many of my colleagues and physicians,  
21 because of the unique economic and other problems  
22 within the city, we decided to go the opposite  
23 direction and move into the city. And we started  
24 with a former General Motors headquarters that had

1 been spun off to some company named Delphi that  
2 subsequently went bankrupt.

3           The facility was around 600,000 square  
4 feet and was scheduled to be torn down. And I was  
5 one neurosurgeon, we had a staff of four, we've  
6 now grown to around 400 people. The north part of  
7 the campus was then given to a company called  
8 Diplomat which was listed on the New York Stock  
9 Exchange and grew to an over billion-dollar  
10 company, multiple billion-dollar company. So that  
11 entire quarter was revamped clinically,  
12 financially, and we see more and more growth in  
13 that area.

14           Our core focus is patient care second to  
15 none. It's at the heart of everything that we do.  
16 And there's nothing that comes before the health  
17 and well-being of our patients. The core most  
18 value we have is love. When it comes to the idea  
19 -- and I know this may seem to be a little bit of  
20 a cliché, but if you love what you do, you love  
21 your patients, you love your work, you're going to  
22 perform marvelously. If you love God, you're  
23 going to do the right thing. If you love your  
24 family, you're going to do the right thing. And

1 this is why we consider the core -- - our core  
2 value -- our core value is love, love for our  
3 work, love for the community, love for everything  
4 that we do.

5 Our operations in Michigan includes a  
6 hospital, multiple ambulatory surgical centers, a  
7 biomedical campus, research division, a healing  
8 center, and a wellness center. We've had great  
9 success thanks to our building community, our  
10 loyal patient base, and our dedicated staff and  
11 physicians.

12 We believe that our work in Michigan has  
13 given us the necessary experience and expertise to  
14 successfully operate and rebuild a sustainable  
15 Mercy Hospital in Chicago. Our approach to health  
16 care is holistic and involves not only an emphasis  
17 on efficient hospital operations, but on providing  
18 the highest quality of care for all patients,  
19 regardless of their ability to pay.

20 Our team has also been engaged in hospital  
21 turnarounds in multiple communities in Michigan.  
22 Each time we've been involved in hospital work,  
23 service line offerings were increased, and there's  
24 been significant investment and various capital

1 improvements.

2 We have a proven track record of success  
3 with expansion of community investment that  
4 includes transforming the former General Motors  
5 headquarters into the bustling Insight Institute  
6 of Neurosurgery and Neuroscience and overall into  
7 Insight.

8 Acquiring a hospital earmarked to be shut  
9 down in Warren, Michigan, in less than one year,  
10 we made it financially solvent. We purchased an  
11 abandoned building in the north part of Flint,  
12 70,000 square feet, it was a former elementary  
13 school, and we transformed it into the Sylvester  
14 Broome Empowerment Village. Our focus is to bring  
15 youth in, and we went from seeing two to three  
16 people per month to 600 children and 10, 12 hours  
17 of programming. Their marks have gone up, they've  
18 done exceptionally well, we're extremely proud of  
19 the staff and the work that's been done there,  
20 particularly by our executive director. It is now  
21 a solvent, bustling part of the north part of the  
22 city.

23 We've acquired multiple surgery centers,  
24 each of which are financially solvent. We've

1 created multiple independent divisions, each of  
2 which is financially solvent. We currently  
3 collaborate with the University of Michigan and  
4 MSU, Michigan State University, with our research  
5 and teaching.

6 We've -- our research institute has had  
7 incredible growth, innovation, clinical  
8 publications, and so much other exceptional work  
9 that's been done by the division and its  
10 leadership. We have created medical and business  
11 teaching facilities and an incubator where  
12 products themselves are starting to come out from  
13 our work.

14 Overall, our plans for Mercy are that we  
15 would continue that same vein and work to create a  
16 fully-functional acute care hospital that serves  
17 the needs of the community. We would like to see  
18 behavioral health, rehab, medical/surgical beds,  
19 and OBs unit, ICU, an emergency department; and  
20 then, of course, bring in multiple new  
21 subspecialty lines including orthopedic surgery,  
22 neurosurgery, and some of the -- the additional  
23 service lines that are critical to creating an  
24 exceptional institution.

1           It is not our intention simply to have a  
2 functional hospital. We want to make this a  
3 world-class institute that attracts people from  
4 all over the world and the state and they come now  
5 to Bronzeville and they come now to this hospital  
6 where they see something absolutely exceptional in  
7 terms of our ability to deliver exceptional care.

8           I really, once again, appreciate the  
9 opportunity to speak to you all. And, humbly, I  
10 hope that we can all band together to make this an  
11 exceptional transition and transformation. I  
12 would ask, humbly, that if you accept us into the  
13 community and to allow this acquisition and  
14 transition to occur. Thank you very much for your  
15 time.

16           HEARING OFFICER AVERY: Thank you for your  
17 comments. Okay. Next, we will have -- Alicia  
18 Coleman, if you're on, please raise your hand. I  
19 don't see your name listed. And, Ann Igoe, if you  
20 have a message you want to send to me, please text  
21 me or put it in the chat box. Alicia Coleman --  
22 and if you're on a phone, you can push star 3 to  
23 raise your hand. Okay. Omer, you have your hand  
24 raised.



1 MR. ABID: Yes. Can you hear me?

2 HEARING OFFICER AVERY: I can.

3 MR. ABID: Yes. No. I was just -- in the  
4 message, it just mentioned to raise your hand when  
5 you're on. So I'm just raising it just so you  
6 know I'm on.

7 HEARING OFFICER AVERY: Oh, would you like  
8 to provide testimony?

9 MR. ABID: Yes.

10 HEARING OFFICER AVERY: Well, why don't  
11 you proceed while I search for the other -- thank  
12 you. Please begin.

13 MR. ABID: Hello to everyone. I'm Omer  
14 Abid, a physician working in Insight's wellness  
15 center in Flint, Michigan, which provides  
16 comprehensive care to patients with opioid use  
17 disorder and other addictions. I wanted to say a  
18 few words to share how Dr. Shah and Insight have  
19 helped me, and I believe that their compassion  
20 will also help the patients around Mercy Hospital.

21 I was born in Chicago and raised in  
22 Chicago and the suburbs. I did medical school at  
23 UIC and then after completing preventative  
24 medicine residency at the University of Michigan,

1 I did an epidemic intelligence service fellowship  
2 at the CDC.

3 For the next 15 years, I worked mostly in  
4 public health. I had an interest to eventually  
5 return to clinical medicine, but my long  
6 commitment to public health made the return  
7 difficult in multiple ways. I always had an  
8 interest in behavioral health and felt that  
9 interest could help with the opioid epidemic in  
10 the U.S.

11 I'm currently working at Insight for over  
12 a year. Since I'm new to the field, it has taken  
13 me time to start mastering the art and science of  
14 treating patients with opioid use disorder and  
15 other addictions. I can think of no other  
16 institution as much as Insight that would be so  
17 patient in believing in human capital and in  
18 investing in individuals, such as myself, before  
19 the institution itself benefits financially.

20 I have also seen how Insight has invested  
21 so much in the residents around Insight, such as  
22 letting many inpatients indefinitely stay at  
23 Insight's Healing Center and neuro and trauma  
24 rehabilitation center if they have no place to

1 live and in helping to provide educational and  
2 safe recreational activities to the youth at the  
3 Broome Center.

4 I hope the leaders around Mercy Hospital  
5 seize this great opportunity to benefit the  
6 community through Insight, as it has helped me and  
7 countless others in Flint and elsewhere in  
8 Michigan. Thank you.

9 HEARING OFFICER AVERY: Thank you. Okay.  
10 I'm going to go a little bit out of order because  
11 of time constraints. Mayor Walling, please  
12 proceed.

13 MAYOR WALLING: All right. Well, hello,  
14 everyone. My name is Dayne Walling, and I  
15 currently am principal and senior policy advisor  
16 with my own company, 21 P/M/C, Policy Management  
17 Consulting. I served two terms as Flint's mayor.  
18 Flint's my hometown and where I grew up and went  
19 to school and raising my own family.

20 Those terms in office were from 2009 to  
21 2015. And I had the privilege of being in office  
22 when Dr. Shah and his team were advancing their  
23 work with Insight, as he mentioned, with the early  
24 investments in our community. It -- so I'm on

1 today to simply share my experience in working  
2 with Insight as a public official and also the  
3 continued impact, the positive impact, that I've  
4 seen in the community as a resident.

5           The work to revitalize the facility was  
6 very significant. Dr. Shah mentioned, you know,  
7 the hundreds of thousands of square feet on the  
8 main campus on South Saginaw and Hemphill Roads,  
9 if you want to take a look at the footprint on  
10 Google Maps. It's a very complicated piece of  
11 property; and Insight and Dr. Shah's vision were  
12 really extraordinary with what they brought to the  
13 facility in navigating the complexities of the  
14 obsolete property, the ownership with the County  
15 Land Bank, the fact that it had been a Brownfields  
16 initiative. So even just the acquisition of that  
17 property took a great deal with wherewithal and  
18 commitment.

19           I've been through the facility many times  
20 myself. It's -- it's immaculately maintained.  
21 It's open and available for all the services that  
22 you've heard about from those who are leading  
23 those different practices. And the community has  
24 a very positive impression and sense of

1 favorability about the facility.

2           There were many people who worked out at  
3 the wellness and fitness center who expected that  
4 to no longer be available when one of our major  
5 medical systems here in the community was no  
6 longer able to operate it. And Insight stepped  
7 right in, as they've become able to do, and  
8 continued those, you know, subscriptions and  
9 services to a part of our community that really  
10 desperately needed it and would have had to  
11 travel, you know, miles and miles to get to  
12 another similar fitness facility and wellness  
13 facility.

14           The building's been open for community  
15 events, the cultural -- the annual unity and  
16 diversity event takes place there, and there are  
17 so many others that I've attended over the years.

18           So I just, again, wanted to take these few  
19 minutes to share how positive of an influence  
20 Insight has been in the Flint community with the  
21 main campus there on the south side, it's actually  
22 on South Saginaw Street, and then the Sylvester  
23 Broome Center, the former elementary school, is  
24 actually on North Saginaw Street on the opposite

1 end of town, and you've heard a bit about the  
2 programs and impact that they've been able to have  
3 there.

4 So the community has been very impressed  
5 and very involved with all the work that's taken  
6 place. So I hope you'll bear that in mind as you  
7 consider their application, and thank you for your  
8 time today.

9 HEARING OFFICER AVERY: Thank you, Mayor.  
10 Next, we will have Anne Igoe. Anne, give me one  
11 second to get you unmuted. Anne, please begin.  
12 Anne Igoe?

13 MS. IGOE: Can you hear me now?

14 HEARING OFFICER AVERY: Yes.

15 MS. IGOE: Okay. Hold on one second.

16 Pardon me. I was just switching phones. Okay.

17 Good morning, everyone. My name is Anne  
18 Igoe. I serve as the vice president for hospitals  
19 and health systems at SEIU Healthcare Illinois and  
20 Indiana. We represent 90,000 health care and  
21 childcare workers, workers who are primarily women  
22 and women of color, many of whom utilize Mercy and  
23 other high Medicaid and safety net hospitals on a  
24 regular basis. Our members work in hospitals,

1 nursing homes, serve as personal assistants, and  
2 work in childcare settings.

3 Our members stand with the Chicago Health  
4 Equity Coalition in our opposition to the current  
5 process. We are requesting to postpone any  
6 approval of transfer of ownership until the  
7 Chicago Health Equity Coalition can meet and vet  
8 all potential buyers of Mercy Hospital.

9 The pandemic of COVID has pushed to the  
10 surface the pandemic of systematic racism and  
11 poverty as reflected in health care in this city.  
12 We are here today as a result of a decision by  
13 Trinity Health to close a needed and utilized  
14 hospital in the middle of a pandemic, a hospital  
15 that this community has demanded to keep open.  
16 But just keeping the lights on in the building  
17 does not meet the demands of the community.

18 Health care should be seen as a public  
19 good and not just a transfer of property from  
20 Trinity Health to whomever they deem most  
21 beneficial. The public and the Coalition  
22 specifically needs and wants to ensure that any  
23 potential owner, Insight included, ensures that  
24 Mercy Hospital continues to function as a

1 full-service public safety net hospital, maintains  
2 a full-service emergency room, respects the rights  
3 of workers who have a union contract and new  
4 workers who wish to form and join a union, and  
5 values community members as full voting members on  
6 the board of directors.

7 Now is the time for providing more  
8 resources to black communities, for providing more  
9 health care services, and giving more voice to  
10 workers and community members. We will not stand  
11 by as a change of ownership is pushed through  
12 without an opportunity to fully vet any potential  
13 owner.

14 The lives of CEOs at Trinity Health are  
15 not on the line, but the lives of those in the  
16 Bronzeville community are. Thank you for your  
17 time today.

18 HEARING OFFICER AVERY: Thank you. Next,  
19 we will have Karen Weaver. Mr. Morado, I don't  
20 see her listed.

21 MR. MORADO: She should be coming on  
22 shortly. She's trying to dial in. Can we go with  
23 Mr. Ijaz? Nadir Ijaz.

24 HEARING OFFICER AVERY: Sure. Let me find



1 him.

2 MR. MORADO: He was supposed to be one of  
3 our initial speakers, the chief operating officer.

4 HEARING OFFICER AVERY: Oh, I apologize.  
5 Is he on the Insight, or is he listed  
6 individually?

7 MR. IJAZ: I'm here, ma'am.

8 HEARING OFFICER AVERY: Okay. Please  
9 begin. Spell your name for the court reporter,  
10 and you have two minutes.

11 MR. IJAZ: Sure. My name is Nadir,  
12 N-A-D-I-R, last name, I-J-A-Z. I'm the chief  
13 operating officer at Insight.

14 Good morning, everyone. I would like to  
15 tell you more about our organization and how we  
16 built the community in Flint. Because of our  
17 success in operating a fiscally sustainable health  
18 system, we recognize the opportunity for  
19 operational improvements that will enable the  
20 community and the facility to benefit from these  
21 efficiencies.

22 Importantly, we also recognize that there  
23 is an ample opportunity for reinvestment within  
24 the community and the facility. Insight has

1 always been invested in the community, working  
2 very closely with the city of Flint, to provide  
3 opportunities and investment back into the city.

4 We honor the tireless work that many --  
5 that the many community leaders have done to save  
6 Mercy. It's our hope and commitment to the  
7 community to support the important ongoing  
8 community work. The Insight team has had initial  
9 conversations with community stakeholders to  
10 develop relationships. These are just initial  
11 conversations. We hope to continue listening and  
12 learning from the community members.

13 We honor the tireless work that the many  
14 community leaders (indiscernible) -- involvement.  
15 The issues facing the patients of the Flint area,  
16 in many instances, mirror those of the patients of  
17 Mercy. There are also parallels between the  
18 demographics of Mercy patient bases and the  
19 patients served by Insight in Michigan. This is  
20 part of what made this an attractive opportunity.

21 It is our hope that you will see the merit  
22 of our application and the value of our past  
23 experiences and the expertise we can -- so we can  
24 join the Chicago community to rebuild an excellent

1 community-based hospital.

2 I also sit on the board of the Sylvester  
3 Broome Empowerment Village which is one of the  
4 community centers that Dr. Shah had highlighted  
5 initially. This community center, as had Dr. Shah  
6 highlighted, started with about 15 students coming  
7 in every month. We have over 300 students coming  
8 in daily. When we were hit by the pandemic, we  
9 transitioned very quickly to have these same  
10 students come on board online.

11 Our ability to work closely with the  
12 community has been remarkable. We've been very  
13 fortunate to work with local systems in the  
14 community, to work with national organizations,  
15 such as the NFL and Toyota, to help facilitate  
16 community growth. Our focus has always been on  
17 the youth.

18 Although we always say that our core is  
19 patient care second to none, our passion is truly  
20 about youth development and really being part of  
21 that community, and that's what we've done in  
22 Flint. We would like to bring the same sort of  
23 endeavor to the Chicago community and,  
24 specifically, to Mercy Hospital.

1           I ask the Board to support Insight's  
2     acquiring Mercy Hospital, and I appreciate and  
3     thank each and every one of you for the  
4     opportunity to speak today. Thank you, Ms. Avery.

5           HEARING OFFICER AVERY: Thank you. Have a  
6     good day. Okay. Next, we will have -- Anne, I'm  
7     going to unmute your microphone. Anne Wantanabe,  
8     please proceed.

9           MS. WANTANABE: Sure. Good morning. My  
10    name is Anne Wantanabe, and I'm a nurse at Mercy  
11    Hospital.

12           I just wanted to express my concern about  
13    how extremely rushed this process has been.  
14    There's been no community input in this decision.  
15    There was no process to properly vet potential  
16    buyers to make sure that the best choice was made.

17           And, you know, we essentially went from  
18    being told the hospital was absolutely going to  
19    close to, suddenly, within a few days, suddenly  
20    being told that Trinity had agreed to sell the  
21    hospital, but they've already signed a deal with  
22    Insight. And there was no conversation or any  
23    community input at all.

24           So, you know, I'm really happy that

1 Trinity did agree to sell the hospital and, you  
2 know, that there's some step towards keeping it  
3 open, but I just really want to emphasize that any  
4 plan to keep it open under a new owner has to mean  
5 that it's properly preserved as a full-service  
6 safety net hospital and not, you know, turned into  
7 anything else or downgraded into a skeleton of  
8 what it formerly was.

9           And just to kind of illustrate this point,  
10 I just want to point out that, you know, right  
11 now, we've been operating with the emergency  
12 downgraded from a comprehensive to a basic ER,  
13 which means we can't receive city ambulances.

14           So, you know, we have hardly any patients  
15 at the hospital right now, and our sickest  
16 patients who need the most care and who have been  
17 coming to Mercy for many years are being sent to  
18 surrounding hospitals right now. So they're being  
19 sent to places that don't have any of their  
20 medical records, they don't have relationships  
21 with the providers, where they have to sit in  
22 longer ambulance rides to receive critical,  
23 lifesaving care, and where they have to sit in  
24 extremely packed ERs for even longer, you know, as

1 -- as the health care resources on the south side  
2 continue to be stretched beyond their capacity.

3 So, you know, I know a nurse in the  
4 University of Chicago ER, and he told me that, you  
5 know, they're receiving many of our Mercy patients  
6 there right now, and because they don't have the  
7 same services that we do, like, for example, they  
8 don't have inpatient psychiatric care, our psych  
9 patients that are going there are, you know,  
10 basically sitting in their ER waiting to be  
11 transferred to another hospital when a bed opens  
12 up because they can't be admitted in house.

13 So, you know, us -- Mercy not having all  
14 of the services that it should is really just  
15 stretching the health care resources on the south  
16 side in the entire system, you know, way beyond  
17 its capacity. It's delaying care for patients in  
18 ways that can cause harm or it could even cause  
19 death for patients.

20 So I just want to voice my support for,  
21 you know, the Health Equity Coalition's call to  
22 delay this decision and to allow the Coalition to,  
23 you know, properly vet potential buyers and to  
24 make a recommendation about who the best buyer

1 should be. Thank you.

2 HEARING OFFICER AVERY: Thank you for your  
3 comments. Next, we will have --

4 MR. MITCHELL: Courtney, can I interrupt  
5 you for just one moment? We have been informed  
6 that Representative Lamont Robinson is on the --  
7 in the hearing as an attendee and would like to  
8 speak, just so you know.

9 HEARING OFFICER AVERY: Okay. Thank you.  
10 Anyone that would like to speak, I'm trying to get  
11 to you. We have a pretty long list. So please be  
12 patient with me. Okay. Next, we have Mayor  
13 Sheldon Neely. Please begin your comments.

14 MAYOR NEELY: Thank you. Can you hear me?

15 HEARING OFFICER AVERY: No. Let's come  
16 back to you. We're getting a lot of feedback.  
17 Are you on mute now or can you start?

18 MAYOR NEELY: Courtney, is that better?

19 HEARING OFFICER AVERY: That is much  
20 better.

21 MAYOR NEELY: Thank you. I'm sorry for  
22 the technological difficulties. I apologize.

23 Good afternoon. I want to reintroduce  
24 myself. I'm Sheldon Neely, and I serve as mayor

1 of the city of Flint. And I'm here to speak on  
2 behalf of the Insight Biomedical Technology  
3 Institute which he is located here in the city of  
4 Flint.

5 I am very -- a strong supporter of  
6 Dr. Shah and the program. He has been a very good  
7 community patriot as well as a good neighbor as  
8 part of the corporation, and he is making sure  
9 that from every social level and medical  
10 engagement that he has had in his organization has  
11 been a very strong partner of this community. And  
12 I want to make sure that we vouch for him and the  
13 things that he believes for this community.

14 A few years ago, Insight purchased the  
15 abandoned General Motors building headquartered in  
16 the city of Flint, and they have invested a lot of  
17 time, resources, and their own personal wealth  
18 into making sure our community is helped and  
19 residents are stronger as a byproduct of their  
20 investment. Socially, persons of our community  
21 and down our poverty corridor, they have also  
22 invested in the social needs and activities for  
23 residents inside of our community as well.

24 And so this is a first-class community



1 project after school program that they have  
2 brought to our community as well, and I urge you  
3 to welcome Insight into your community. I  
4 understand that they have -- they want to save  
5 money at Mercy Hospital in Chicago. And Dr. Shah  
6 and his team, if they can duplicate what they have  
7 done inside the city of Flint, which we have many  
8 areas of concern and challenges, but if they can  
9 duplicate what they have done on their enhancement  
10 effort for your community, I would urge and  
11 support you to also do so.

12 And so I, once again, stand firmly in  
13 support of this organization and Dr. Shah as they  
14 go forth in trying to engage other communities  
15 throughout our country. Thank you.

16 HEARING OFFICER AVERY: Thank you for your  
17 comments. Okay. Next, we have John Picken.  
18 Please begin your comments.

19 DR. PICKEN: Can you hear me?

20 HEARING OFFICER AVERY: We can, sir.

21 DR. PICKEN: Okay. My name is John  
22 Picken, P-I-C-K-E-N, and I have been an ob-gyn  
23 doctor at Mercy Hospital for 51 years. And a lot  
24 of the comments that I was about to make are

1 included in the Equity Coalition report, which I  
2 just went over. So I'm going to jump to some  
3 things that aren't in there.

4 One is the safety net law. And I'm not  
5 sure of all the options in the safety net law.  
6 Mercy has, of course, been the largest participant  
7 and recipient of funds in the safety net program  
8 in Chicago, because it sees more safety net  
9 patients than any other facility in Chicago.

10 What I'm wondering about is does that  
11 safety net law include anything like a  
12 catastrophic paragraph or item. And, that is, if  
13 an earthquake or tornado were to destroy part of a  
14 safety net hospital, or if there was a fire that  
15 damaged a huge part of the hospital, would there  
16 be some safety net policy where funds would be  
17 available to help rebuild the damage from the  
18 catastrophe?

19 Now, we're dealing with a catastrophe at  
20 Mercy, not so much of the physical plant, but of  
21 loss of the entire personnel of the hospital,  
22 almost 100 percent. Over 500 doctors have been  
23 fired, over 1,700 other employees, nurses, nurses  
24 aides, whatever, technicians. And so we face a

1 personnel crisis to bring back a personnel that  
2 can actually reopen the hospital in a reasonable  
3 length of time, not months and years, but  
4 repopulate it with the people who wanted to work  
5 there and loved working there, and they feel their  
6 mission is to work at Mercy.

7           And so I'm wondering if some attorney  
8 could look into the aspects of the safety net law  
9 and if there's some paragraph in there that covers  
10 catastrophes, in this case, a human catastrophe  
11 caused by Trinity, and would help us financially  
12 to rebuild very quickly all the services that are  
13 so critical like the emergency room, the OB, the  
14 psych floor. And you could go on through, you  
15 know, the whole series of the way they should be  
16 opened up in sequence. You can't open up  
17 everything overnight in one week.

18           So that's what I'd like to say.  
19 Otherwise, I agree with the Equity Coalition's  
20 report, and I've -- there's a lot of things in  
21 that that I didn't even think of, but I appreciate  
22 the content of it, and I stand behind it. Thank  
23 you.

24           HEARING OFFICER AVERY: Thank you. Okay.

1 Next -- Mr. Morado, I do not see Karen Weaver. I  
2 understand she's on a phone, but can you have her  
3 raise her hand with star 3?

4 MR. MORADO: Mayor Weaver, if you can hit  
5 star 3, please. It's telling her to please hold  
6 for the next representative.

7 HEARING OFFICER AVERY: Okay. I'll come  
8 back to you in one second. Okay? Okay. Next, we  
9 will have Alderman Sophia King.

10 ALDERMAN KING: Great. Can you hear me?

11 HEARING OFFICER AVERY: We can.

12 ALDERMAN KING: Thank you.

13 Good morning, Chairman Savage and the rest  
14 of the members of the Board. My name is Sofia  
15 King. I am the alderman of the 4th Ward where  
16 Mercy sits.

17 I am here today, again, to testify on  
18 behalf of saving Mercy. I am curious why this  
19 meeting was called with such haste. I had to have  
20 the lobbyist for Insight inform me about it.  
21 Unfortunately, Insight and their team would not  
22 share much else with me.

23 We know that they are now just recently  
24 managing a 20-bed hospital for orthopedics and

1 neurosurgery. How this translates into running a  
2 400-bed hospital, I'm not sure. Perhaps it does,  
3 but more due diligence is needed. While I  
4 appreciate Insight's interest in Mercy, I am  
5 concerned about their ability, financial and  
6 otherwise, to take on this endeavor.

7           When Insight was asked about having  
8 someone from the Community Coalition on their  
9 board, their response was that they hadn't done  
10 their due diligence on that person or those people  
11 and that they would want to do so, otherwise, you  
12 would think less of us, they said, if we just  
13 chose someone or that important position without  
14 doing so.

15           Well, that's exactly how I feel here. It  
16 would be irresponsible for us to allow Insight to  
17 proceed without more due diligence. They said it  
18 correctly. They would think less of us. They  
19 wouldn't respect us. More importantly, we cannot  
20 allow them to disrespect our community by saying  
21 that just anyone can take over Mercy without  
22 proper vetting. We owe that to the legacy of  
23 Mercy and the community.

24           This is not about what's expedient. It's

1 about doing what's right for Mercy and our  
2 community. We know that there are a number of  
3 entities that are interested in Mercy, including  
4 local hospitals. We should vet them all. I  
5 implore all of you to listen carefully at the  
6 information that's given, and, more importantly,  
7 what's not given.

8 Remember, Trinity said that it tried to  
9 meet the health care needs of the south side  
10 community, however, the South Side Coalition,  
11 including Trinity-owned Mercy Hospital, refused to  
12 share details of their plan with electeds in  
13 community. Major details like how many hospitals  
14 would serve the entire south side and where a  
15 proposed new hospital would be located were left  
16 out.

17 They essentially wanted a blank check to  
18 do whatever they chose in our community. It would  
19 have been irresponsible for us to allow millions  
20 of taxpayer dollars out the door without obvious  
21 details like when and how current hospitals would  
22 close and where a new hospital or hospitals would  
23 go.

24 Trinity also said that it had a

1 transformational plan for the future of Mercy  
2 Hospital. This plan included, and still includes,  
3 closing a great hospital, Mercy Hospital, and its  
4 family health care center, which currently  
5 provides preventative and primary care to  
6 thousands of patients a year and replacing it with  
7 a five-room diagnostic center. They failed to  
8 mention that this five-room diagnostic center  
9 would replace their existing preventative care.  
10 Please listen to what's left out.

11 Trinity's plan was met with an  
12 unprecedented denial to close from this Board.  
13 The Board also questioned that Trinity's plan was  
14 transformational. In fact, this Board said it was  
15 anything but transformational and actually taking  
16 a step backwards.

17 When Trinity took over the hospital from  
18 the Sisters of Mercy, it was in great financial  
19 shape, there was no financial consideration, no  
20 cash for that deal. Trinity was handed Mercy with  
21 140 million net in assets. Trinity recorded the  
22 transaction as a bargain, you said. Now, it is  
23 hanging in limbo by a billion-dollar company, and  
24 you are asking us to take Insight seriously

1 without vetting them sufficiently to run that very  
2 same hospital.

3 I'm imploring you to, again, do your due  
4 diligence and wait until this applicant and others  
5 are vetted properly. Thank you for your time and  
6 consideration.

7 HEARING OFFICER AVERY: Thank you. Okay.  
8 Dr. Cobbs, I see your hand. I'll get to you soon.  
9 Mayor Weaver.

10 MAYOR WEAVER: Yes?

11 HEARING OFFICER AVERY: Please begin.  
12 Please begin.

13 MAYOR WEAVER: Good afternoon. I'm sorry.

14 HEARING OFFICER AVERY: No. Go ahead.  
15 Sorry.

16 MAYOR WEAVER: Okay. I just wanted to say  
17 good afternoon. I am -- I'm Karen Weaver. I'm  
18 the former mayor of Flint, and I am now the  
19 interim executive director for the African  
20 American Mayors Association. And I am just really  
21 delighted to call in, I really am, on behalf of  
22 Insight. And I just want to say hello to the  
23 Board and thank you for the opportunity to speak.

24 You know what, I have nothing but good



1 things to say about Insight and what they have  
2 done in this community and the city of Flint. I  
3 remember when I -- when I declared the water  
4 crisis, they came, they came, they stepped up to  
5 the plate and said, we want to be part of this, we  
6 want to help you. And they started doing, you  
7 know, lead testing. They started doing  
8 dermatological kinds of services.

9 I mean, they have invested in this  
10 community, if you look at the Broome Center, in an  
11 area that has such great needs, and they took an  
12 old-school building and transformed it. And they  
13 gave -- they gave kids and families a place to  
14 come, a safe place to come. And I saw them go  
15 from a small amount of kids to, you know, I mean,  
16 just hundreds and hundreds of kids and families  
17 being served.

18 And then you look at the Neuroscience  
19 Center, the Neurology Center where they are now.  
20 This was a huge empty building. It was a huge  
21 empty building. And you've got so many of those  
22 that are available in Flint, and they're seen as  
23 empty buildings. And what I admired was they saw  
24 a need and they had a vision of hope and promise

1 and they transformed it into a cutting-edge,  
2 state-of-the-art facility.

3 And they -- you know, a lot of times when  
4 people hear Flint, they think about -- before the  
5 water crisis, they thought of Roger & Me. You  
6 know, then they think of the water crisis. But,  
7 you know, we have given them -- and you all have  
8 given them -- something else to think about. A  
9 neurosurgery center that has everything that they  
10 need right inside for the patients with all of the  
11 supports that go along with it, and they also have  
12 research and wellness.

13 I mean, they've turned this into a  
14 state-of-the-art place. When you look at the jobs  
15 that they have brought, you know, I can't say  
16 enough. I cannot say enough about what they have  
17 done for this community, what they have done as  
18 far as the medical field. And I really love --  
19 you know, I'm a psychologist by training, and I  
20 was just so impressed with I even saw that Center  
21 for Cognition and Neuroethics and partnering with  
22 the university here.

23 And I know that, you know, they would just  
24 be such an asset if they could be there in

1 Chicago. When I look at them wanting to be part  
2 and help Mercy, I just thought, wow, they have  
3 such a tremendous, wonderful track record here.

4 And, like I said, it's not just about --  
5 you know, it's about the health and well-being of  
6 people, but it's also about the health and  
7 well-being of a community. And so they have taken  
8 that, and they've come up with this holistic  
9 approach, and they have really just put us on the  
10 map for so much more than those negative things  
11 that we have been known for.

12 And, like I said, I've seen them take an  
13 empty school building and transform it into  
14 something so important and necessary for our  
15 community. I've seen them take this abandoned  
16 building -- and it's a huge building, it's  
17 beautiful -- and transform it into something  
18 necessary and important for this community. And I  
19 know that they will, you know, put that same  
20 effort and energy and care into -- you know, in  
21 Chicago with Mercy Hospital.

22 So I just wanted to, you know, come and  
23 share my experience that I've had with them. And  
24 knowing what they've done for us, I know they can

1 do that someplace else, and they will do that  
2 someplace else if you give them the opportunity.

3 So I just wanted to come on and say that  
4 and say that I don't believe you would go wrong  
5 having them. So, thank you. Thank you for the  
6 opportunity to come before you and share my  
7 experience with them. And I hope that you all  
8 will give them the opportunity to share that same  
9 experience in Chicago. Thanks.

10 HEARING OFFICER AVERY: Thank you. Thank  
11 you, Mayor. Dr. Cobbs? Next, we have Dr. Adele  
12 Cobbs.

13 DR. COBBS: Good morning. My name is  
14 Dr. Adele Cobbs, spelled, A-D-E-L-E, last name,  
15 Cobbs, C-O-B-B-S.

16 I am speaking in opposition to the  
17 transfer of ownership of Mercy Hospital to Insight  
18 without exploring other viable options. I was  
19 raised in Bronzeville and currently live in  
20 Kenwood Hyde Park.

21 My family has and continues to use Mercy  
22 as their chosen hospital. My father fought a  
23 debilitating illness and was given quality,  
24 compassionate care at Mercy. During his battle,

1 he was afforded easy access to the support of his  
2 community, including neighborhood friends, family,  
3 and his parish of St. James. This is the value of  
4 a community hospital, which is rapidly becoming an  
5 endangered species.

6 I am an emergency physician serving at  
7 Mercy clinically and in a leadership role. I have  
8 watched my colleagues' morale suffer as this  
9 hospital is rapidly being deconstructed. The  
10 physicians, nurses, and support staff who have  
11 served at Mercy for many years have an unspoken  
12 bond with each other and the patients. This bond  
13 has been forced to break. You see, Mercy is not  
14 just an empty building and a plot of land for  
15 auction. She has a life and a soul. She is  
16 historic and resilient. She serves the community  
17 and is part of the community, and that community  
18 belongs to me and countless others.

19 For this reason, it is impossible to watch  
20 this hospital exchange hands from one outside  
21 group to another and risk the possibility of a  
22 delayed and inevitable demise.

23 I am a part of a group of strategically  
24 selected black physicians and providers who work

1 and live within the community. We have presented  
2 our intentions to acquire Mercy Hospital to the  
3 elected officials and now to the community and  
4 this Board. We are intimately aware of our  
5 community and how it has suffered racial health  
6 disparities as a result of systemic racism.  
7 Therefore, using the foundations of social  
8 determinants of health, we have formulated a  
9 comprehensive model to address the many barriers  
10 to health care and overall wellness. We have  
11 reimagined the future of Mercy.

12 Our commitment to this community and this  
13 hospital is built on a strong foundation with deep  
14 roots. Therefore, we are encouraging this Board  
15 to consider delaying the transfer of Mercy's  
16 ownership to Insight in order to allow the  
17 community, our electeds, and Trinity to explore  
18 this option. Thank you for the opportunity to  
19 speak this morning.

20 HEARING OFFICER AVERY: Thank you.

21 Mr. Morado, we will not be able to make you a  
22 host. I forgot. We can only have one host at a  
23 time. So who is your next speaker?

24 MS. EL-AMIN: Hannah El-Amin.

1 HEARING OFFICER AVERY: Okay. Let me find  
2 her. Okay. Please proceed.

3 MS. EL-AMIN: Hi. Good morning. Thank  
4 you for allowing me to share with you a little bit  
5 this morning.

6 My name is Hannah El-Amin. I am a very  
7 proud native south side Chicagoan here in the  
8 Kenwood community. I also work in health care as  
9 a dietitian and diabetes educator, and I own and  
10 operate a private practice nearby Mercy Hospital.

11 So I'm here as someone who is both of the  
12 community and serves the community in the health  
13 care arena. As a south sider myself, I strongly  
14 believe in the importance of seeing Mercy Hospital  
15 not only surviving but thriving. Not only has my  
16 family received exceptional care there, from the  
17 birth of my family members to the care of my  
18 mother, but I personally have provided patient  
19 care there as an intern as well.

20 Out of the all hospitals I had an  
21 opportunity to intern at throughout my training,  
22 Mercy, by far, left the greatest positive  
23 impression on me with regards to offering  
24 compassionate and high-quality health care. I

1 believe there's something special about this space  
2 and the mission that it embodies, thoughtfully  
3 serving the community with skill and integrity.  
4 And as someone who has worked at top medical  
5 institutions here in Chicago, Loyola,  
6 Northwestern, etc., I can speak to the uniqueness  
7 of the care that one receives at Mercy.

8           It is with this in mind that I want to  
9 speak strongly in favor of the application by  
10 Insight Group, without hesitation, to purchase  
11 Mercy and help it to continue uninterrupted on its  
12 path to thriving. I've personally kept up with  
13 some of their other projects in the past few years  
14 before I knew about this potential purchase,  
15 mainly, their efforts in Flint, Michigan. I've  
16 seen the positive and transformative impact that  
17 their efforts have had on the community there, and  
18 I truly believe that this is the group that we  
19 need and can fully trust to carry Mercy into its  
20 next chapter within the integrity and skill that  
21 we want to see in our community.

22           I understand the hesitation that some have  
23 about this transition, because, too often, in  
24 Chicago, we've seen decisions made for our



1 communities that are not equitable and not in the  
2 community's best interest. I've personally fought  
3 against some of these decisions myself. It is  
4 because of those experiences that I want to  
5 strongly state that I see Insight Group as  
6 bringing the type of thoughtfulness and integrity  
7 that our great city desperately needs more of  
8 right now.

9 Having seen the renewal that Insight Group  
10 has brought to other communities with their  
11 projects, I look forward to seeing them bring that  
12 same positive impact to Mercy Hospital here in  
13 Chicago and the communities surrounding it.

14 Again, thank you all for the opportunity  
15 to share with you this morning.

16 HEARING OFFICER AVERY: Thank you. Next,  
17 Representative Robinson, please. Hello?  
18 Representative? Representative Robinson? Okay.  
19 I think we might have lost him. Okay. Next, we  
20 will go with -- Christine Pao, I'm trying to find  
21 you. Can you raise your hand? Oh, there you are.  
22 Please proceed.

23 MS. PAO: Hi. Can you hear me?

24 HEARING OFFICER AVERY: We can.

1 MS. PAO: My name is Christine Pao,  
2 C-H-R-I-S-T-I-N-E, P-A-O. I am a resident of  
3 Bronzeville. I live in the Mercy service area,  
4 and I'm a patient there. I'm a member of  
5 St. James Catholic Church, and we have a long  
6 relationship with Mercy Hospital and a member of  
7 -- we are members of the Chicago Health Equity  
8 Coalition.

9 As members of the Coalition, I am asking  
10 the Board to delay its decision on the transfer of  
11 Mercy Hospital to allow the Coalition and the  
12 community to fully vet all prospective buyers. We  
13 are very concerned about rushing this decision  
14 through. We do not know enough about Insight to  
15 -- to make a good decision as to whether they can  
16 preserve -- that they have the resources and  
17 capacity to restore the hospital to its full  
18 operation.

19 We support nothing less than Mercy's  
20 preservation as a full-service public safety net  
21 teaching hospital with a comprehensive emergency  
22 department, ob-gyn, including care for high-risk  
23 pregnancies, behavioral health, and a primary  
24 stroke and cardiac center. These are essential

1 services that our community needs.

2 Prior to the sale of the hospital, we  
3 request a clear public plan on how the buyers will  
4 restore Mercy to its full operations. We just  
5 need more time.

6 And so I respectfully ask the Board to  
7 postpone its decision until the community has a  
8 chance to fully vet all prospective buyers. Thank  
9 you very much.

10 HEARING OFFICER AVERY: Thank you. Juan  
11 Morado, please proceed with your next speaker.

12 MR. MORADO: We have Leon El-Alamin.

13 HEARING OFFICER AVERY: Is he listed,  
14 Juan, or you're going to -- you can control that?

15 MR. MORADO: He is listed, but we have him  
16 on now speaker. He can begin. Thank you.

17 MR. EL-ALAMIN: Good afternoon, everyone.

18 My name is Leon El-Alamin. I am a life-long  
19 resident of the city of Flint. I'm also the  
20 founder and executive director of the M.A.D.E.  
21 Institute. M.A.D.E. is a nonprofit that works  
22 with at-risk youth and formerly incarcerated  
23 individuals coming back into the community  
24 providing wraparound services and reentry

1 programs.

2 I'm calling in today to support Dr. Shah  
3 and the Insight Institute on this initiative. I  
4 met Dr. Shah about eight years ago at a charity  
5 event and had the opportunity to see what type of  
6 individual this man is. And then about a year  
7 later, I also had the opportunity to work at  
8 Insight and see firsthand the type of innovative  
9 work that they're doing around health care and so  
10 forth.

11 Dr. Shah is an individual who contributes  
12 to the growth of Flint from a business and health  
13 care standpoint but also from a committee,  
14 community, and city development standpoint. He's  
15 really big on helping youth and helping people in  
16 general, and I think that you guys should really  
17 consider this application from Insight. He's a  
18 great individual.

19 He has a great team and they always do  
20 things not only from a business standpoint but  
21 they help the community as an overall whole, and I  
22 think they will be a great applicant for this  
23 project. So I definitely want to encourage you  
24 all to support this project. Thank you for your

1 time.

2 HEARING OFFICER AVERY: Thank you. I will  
3 now go back to Representative Robinson. I think I  
4 may have lost him again. Representative, if  
5 you're still on, will you please raise your hand?  
6 Okay. One second, everyone. Representative  
7 Robinson, if you're still on, send me a text if  
8 you're in a different -- I saw your name, but I no  
9 longer see it. Okay.

10 We will go next with Monique Germain.  
11 Thank you for your patience. Please proceed,  
12 Monique.

13 MS. GERMAIN: Good morning. This is  
14 Monique Germain. Monique, M-O-N-I-Q-U-E, Germain,  
15 G-E-R-M-A-I-N.

16 I am a resident at Bronzeville. I've been  
17 living in the neighborhood since 1970. I've  
18 had -- I've raised all my children in this area.  
19 I know Mercy quite well. I've worked at Mercy.  
20 My husband has practiced at Mercy. And my  
21 personal primary care physician is at Mercy.  
22 Right now, she's been kicked out, and I have no  
23 place to go.

24 I am -- in addition, I'm a public health

1 nurse, and I understand how health systems work.  
2 I'm a community advocate. I represent St. James  
3 Parish on Wabash, which is a few blocks away from  
4 Mercy, and also all the pro-Mercy Coalition  
5 groups.

6 Mercy's a very complex piece of property  
7 that serves the people who are in this area, not  
8 traitors for profit. And it advocates to improve  
9 the health outcomes of the community, not  
10 outsiders. My concern is the gentrification of  
11 this area, given I've lived here for a long time.  
12 I live -- I'm an owner. I contributed not only  
13 with tax but with my community service.

14 And I have a feeling that there is a rush  
15 to proceed to acquire Mercy with no  
16 representation. The information given is opaque  
17 about the acquisition, and as -- as a consequence,  
18 on behalf of the people of the community, I am  
19 asking that we delay this acquisition until all  
20 members of the community have the opportunity to  
21 really vet the company that is acquiring the  
22 enterprise, I should say. Thank you very much for  
23 allowing me to speak.

24 HEARING OFFICER AVERY: Thank you for your

1 comments. Juan, is Carlton Shaw --

2 MR. MORADO: Yes. He's under Nancy  
3 Petzold on her account.

4 HEARING OFFICER AVERY: Okay. All righty.  
5 Carlton Shaw, please proceed.

6 MS. SHAH: Hi. My name is Cheryl Shaw,  
7 and I'm Carlton Shaw's grandmother. I'm his  
8 guardian. And I would like you guys to support  
9 whatever Dr. Shah is doing.

10 My grandson was in an accident at the age  
11 of 17. He was paralyzed from the neck down. He  
12 could not move his neck for at least seven or  
13 eight months. He came to Insight, Dr. Shah has  
14 done operation on him, and my grandson can move  
15 his neck. And, like I said, he's paralyzed from  
16 the neck down. Now Dr. Shah has Carlton moving  
17 his arms. It's like a miracle happened.

18 So whatever Dr. Shah is doing, I would  
19 really like you all to support him. He has a  
20 great staff here. When it was operation time,  
21 they stood with me through the whole operation.  
22 Did nobody leave from early in the morning to in  
23 the evening. They stayed with me all day for  
24 support.

1 HEARING OFFICER AVERY: Thank you. I'm  
2 going to -- Anudeep, please begin. Please spell  
3 your name for the court reporter.

4 DR. DASARAJU: Definitely. Okay. My name  
5 is Dr. Anudeep Dasaraju. That's spelled,  
6 A-N-U-D-E-E-P, that's my first name. My last name  
7 is spelled, D-A-S-A-R-A-J-U.

8 So I'm a resident at the University of  
9 Illinois Chicago's emergency medicine program. We  
10 staff the emergency department and the ICUs at  
11 Mercy Hospital. I'm also a proud member of the  
12 Chicago Health Equity Coalition. And I kind of  
13 want to frame my -- frame my remarks in a couple  
14 of ways.

15 I agree that Mercy Hospital should not be  
16 in the hands of Trinity Healthcare anymore. Now,  
17 the way that it's gone about -- or the way that  
18 it's proceeded, it seems like Trinity Healthcare  
19 has elected to go with Insight and has not really  
20 included anyone else in the conversation. I'm not  
21 here to dispute Insight's intentions. They seem  
22 like a good organization.

23 The only thing is that we don't know what  
24 other organizations have to offer. And we're



1 dealing with a community that has consistently  
2 been underserved, but it's also been betrayed.  
3 Trinity Healthcare signed up to take care of the  
4 patient population that it served when they bought  
5 Mercy. They have since went back on their  
6 commitment and they have since, you know,  
7 effectively drawn a line in the sand that if they  
8 don't get what they want, they will shut  
9 everything down.

10 Now, the community has come together in  
11 the efforts to save Mercy Hospital in the form of  
12 the Chicago Health Equity Coalition. We've been  
13 fighting since July, since the initial  
14 announcement, to preserve Mercy as a full-service  
15 hospital. In my remarks in front of the -- in  
16 front of the Board last time when you guys were  
17 deciding whether they could close the hospital or  
18 not, I emphasized that there are very specific  
19 services that are absolutely needed at Mercy  
20 Hospital. Those services being lifesaving  
21 services, effectively, acute stroke services,  
22 acute heart attack services, and, you know, acute  
23 intensive care services.

24 If Mercy does not have those specific

1 services, then, effectively, it's functioning as  
2 an outpatient center. It's functioning as a  
3 reduced hospital. That's not what the community  
4 needs. We've been fighting to keep Mercy as a  
5 full-service hospital with all of the services  
6 that it's previously provided.

7 Since Trinity has not gotten their way,  
8 they have effectively gutted Mercy, they have laid  
9 off staff, they have pushed out doctors and  
10 nurses. And it's hard to trust their judgment on  
11 anything.

12 Now, it's not -- again, I want to  
13 reiterate, I'm not going after Insight in the  
14 sense that I don't think you guys could, but we  
15 haven't seen the other options. We have been  
16 excluded from the conversation.

17 So as a member of the Chicago Healthcare  
18 Equity Coalition and a resident physician, I want  
19 to oppose the sale of Mercy Hospital in the hopes  
20 that we are able to meet with the other  
21 prospective buyers so that we can actually have  
22 input in the matter.

23 I don't believe in a top-down approach in  
24 that we are told what we deserve, not only as

1 community members, but as health care providers.  
2 I want to see a bottom-up approach, meaning that  
3 we listen to the community, we listen to the  
4 doctors and the nurses and the health care  
5 providers that are working to help this community.  
6 We want to listen to them first so that we can  
7 proceed in a revolutionary and -- a revolutionary  
8 way. I don't think that this community deserves  
9 to be told what they need. I think we need to  
10 listen to the community and see what we can do to  
11 help them best.

12 Again, I want to express my opposition in  
13 the sale so that we are able to vet the other  
14 buyers and then produce a vetted candidate for  
15 review. Thank you very much.

16 HEARING OFFICER AVERY: Thank you. Okay.  
17 Next, Noah, coming to you. Noah, please begin  
18 your comments. Hello? Noah, is that you? Please  
19 begin your comments.

20 MR. STIEGLITZ: Yeah. Sorry. Yeah. I'm  
21 on. Yeah. Hi. My name is Noah Stieglitz,  
22 N-O-A-H, S-T-I-E-G-L-I-T-Z, and I live in the  
23 service area of Mercy Hospital.

24 And I'm just calling to say that I think

1 that this vote should be delayed and that this  
2 process is too rushed. You know, I think that  
3 Insight could be the right buyer. Insight could  
4 be a great option, but we haven't had a chance to  
5 properly see, you know, who else is also -- that  
6 could run this hospital. And, you know, the  
7 community is a stakeholder, and the community  
8 deserves a say in the way that this process goes.

9 And we've already heard from at least one  
10 other interested buyer on this call. So, you  
11 know, I'm not opposed necessarily to eventually  
12 Insight being the one that takes it over, but I am  
13 opposed to this process being as rushed as it is,  
14 and I'm asking that the Board delay their vote and  
15 give the Coalition the space and the time to  
16 properly vet all the potential buyers of Mercy  
17 Hospital. Thank you.

18 HEARING OFFICER AVERY: Thank you for your  
19 comments. Michael Abijomaa. I apologize. Please  
20 begin your comments and spell your name for the  
21 court reporter.

22 MR. ABIJOMAA: Hello. My name is Michael  
23 Abijomaa, that's, A-B-I-J-O-M-A-A, and I'm a nurse  
24 at Insight Surgical Hospital in Warren, and I've

1 worked at the one in Flint. I've been working  
2 here for about three and a half years. Please  
3 accept this presentation as a strong support for  
4 the application.

5 My community in Warren, Michigan and Flint  
6 has many similarities to the challenges faced by  
7 Mercy's south side community, and Insight is a  
8 perfect fit for Mercy's next chapter.

9 As a nurse at Insight, I have seen Dr.  
10 Jawad Shah gradually expand the types of care we  
11 provide while never compromising the quality of  
12 health care services. Much like Mercy, Flint has  
13 often been left behind by health care providers.  
14 Insight has brought (indiscernible) to the  
15 community through its healing center. We have a  
16 Centers for Endoscopy, Cognition and Neuroethics,  
17 Imaging, and Health and Fitness Center.

18 I have no doubt that Dr. Shah can bring  
19 the same level of care and wraparound services to  
20 Mercy. We have brought together physicians and  
21 therapy staff from so many disciplines that  
22 neurologic and orthopedic patients receive exactly  
23 the care they need. I trust Dr. Shah and support  
24 his efforts to bring world-class health care to

1 Mercy Hospital, and I urge the Health Facilities  
2 and Services Review Board to do the same.

3 And, also, on a personal note, I just find  
4 him very spiritual as a spiritual person, and he's  
5 very eloquent and just the type of person that he  
6 is and that he provides, it's bigger than him and  
7 bigger than us. And he truly cares for his  
8 patients. And thank you for hearing me.

9 HEARING OFFICER AVERY: Thank you for your  
10 comments. Next, we have Jeffrey Goldberg.

11 DR. GOLDBERG: Yes. Thank you very much.  
12 It's Dr. Jeffrey, J-E-F-F-R-E-Y, Goldberg,  
13 G-O-L-D-B-E-R-G.

14 I'm a gynecological oncologist and the  
15 former chief of gynecologic oncology at Mercy  
16 Hospital. I'm also a hospital administrator, and  
17 I've served as a chief medical officer for a large  
18 community hospital with a patient population very  
19 similar to that served by Mercy. I also have a  
20 degree in health care quality and safety, and I  
21 specialize in population health and the  
22 improvement of quality and safety of health care  
23 in underserved populations with substantial health  
24 care disparities, so that is the population served

1 by Mercy. In the interest of time, I'm going to  
2 have a supplemental written submission, but I do  
3 wish to make a few points.

4 First, much has been said today about the  
5 good work that has been done by Insight in Flint,  
6 Michigan and I would congratulate them on what  
7 they have achieved. But I wish to call attention  
8 to the members of the Board that just as one can  
9 have two very competent highly-qualified doctors  
10 with very different abilities and skill sets,  
11 similarly, with hospitals, you can have two  
12 different hospitals with entirely different  
13 management needs.

14 I hope I'm a fairly good gynecologic  
15 oncologist, but, frankly, you don't want me taking  
16 care of your heart attack or your stroke. I will  
17 do so in a pinch, but I'm clearly not the most  
18 qualified physician around to treat those  
19 problems. Similarly, when you compare the  
20 challenges at Mercy Hospital with what's been  
21 accomplished in Flint, Michigan, they are almost  
22 180 degrees apart.

23 For example, the hospital in Flint is a  
24 specialty hospital, specializes in neurosurgery,

1 spine surgery, and other related fields; whereas,  
2 at Mercy Hospital, they have a need for very broad  
3 focus across multiple medical and surgical  
4 specialties, population health, social work,  
5 dealing with problems with the homeless and other  
6 social challenges, obstetrics, neonatal care, and,  
7 until recently, one of the busiest emergency rooms  
8 in Cook County. None of these services are  
9 available at the hospital in Flint.

10           There are tremendous life expectancy  
11 discrepancies in the areas surrounding Mercy that  
12 are measured not in years but decades. And while  
13 we're all aware that the population in Flint has  
14 certainly had its own set of challenges, Mercy is  
15 really at a whole different level in terms of some  
16 of the issues that have to be addressed.

17           There's also an issue of size. Mercy is a  
18 very large, high-volume, busy hospital with  
19 typically over 10,000 discharges a year. The  
20 hospital in Flint has only about 200 discharges a  
21 year. It's so small that its quality data isn't  
22 even reported publicly on the CMS hospital compare  
23 website. There are many other differences, but I  
24 think you get the point in terms of the need for



1 an entirely different skill set than what's been  
2 necessary in Flint.

3           What's important about what we've heard  
4 today is that we are focusing on what -- what  
5 Insight has done in Flint but not what their  
6 assessment is of Mercy. Anyone that has any kind  
7 of skilled background in dealing with underserved  
8 populations can take a look at even just the  
9 publicly available information without having the  
10 due diligence and easily identify large areas that  
11 need to be addressed, why they weren't addressed  
12 correctly, and should be able to articulate some  
13 proposed solutions to these major problems. We've  
14 heard none of that in the testimony today, and  
15 it's completely lacking from the application that  
16 has been filed.

17           I would note that Illinois regulations  
18 require that the application contain evidence --  
19 and I'm paraphrasing a little bit here -- but the  
20 applicant to receive the hospital must be fit,  
21 able, and qualified. And while we certainly heard  
22 testimony today about the accomplishments in  
23 Flint, we've heard nothing today that demonstrates  
24 that the same management team would be fit, able,

1 and qualified to handle the unique challenges at  
2 Mercy Hospital and the community that surrounds  
3 it.

4 I would also add that there's nothing in  
5 the application that addressed anything regarding  
6 cost savings or benefit to the community beyond  
7 simply preventing closure of the hospital.

8 Finally, I would also wish the Board to  
9 take note of the fact that in the many months  
10 since Trinity Health has made known their  
11 intentions, Insight was not among the group of  
12 entities that stood up to discuss pursuing  
13 acquisition of the hospital. Instead, this  
14 management team has only been brought forth by  
15 Trinity after Trinity has received not one but two  
16 adverse decisions by this Board.

17 The circumstances around their  
18 presentation of this application have to raise  
19 some questions about whether this is truly an  
20 arms-length relationship between the two parties,  
21 Trinity and Insight, and whether this would be in  
22 the best interest of the community.

23 It is important to note that Mercy is a  
24 nonprofit public benefit corporation. It does not

1 really belong to Trinity. It belongs to the  
2 community. It is only held in trust by Trinity  
3 for the benefit of the community. Trinity has a  
4 fiduciary obligation to ensure that these assets  
5 are used in the best manner possible for the  
6 benefit of the citizens of Illinois and,  
7 particularly, the citizens who live in the area  
8 served by Mercy.

9 And measured by that standard, we have no  
10 evidence that Insight is the best available choice  
11 to fulfill that obligation. I'll submit the rest  
12 of my testimony in writing. Thank you.

13 HEARING OFFICER AVERY: Thank you. Have a  
14 good day. Juan Morado, please call your next  
15 speaker.

16 MR. MORADO: We have a patient. Christy  
17 Keiger.

18 MS. KEIGER: Hi. My name is Christy  
19 Keiger. I have been a patient of Dr. Shah's and  
20 the Insight team for over a year now. I was  
21 diagnosed with a mass on my brain, and Dr. Shah  
22 had that removed for me. I have been a patient in  
23 both the Flint and Warren locations due to extra  
24 surgeries that were needed because of my

1 condition, no fault of Dr. Shah or his teams, just  
2 my general health.

3 The one thing I've heard since I've been  
4 listening in on this conversation is community,  
5 community, community. Dr. Shah and his entire  
6 team at Insight, both locations that I dealt with,  
7 are very big on serving the community.

8 Flint and Warren are both locations in  
9 Michigan that are full of health disparities and  
10 quite diverse socio-economical levels. Dr. Shah  
11 surrounds himself with the best of the best when  
12 it comes to teams. And he is for me -- I have  
13 dealt with several doctors because of the  
14 complications with my health, and Dr. Shah, being  
15 my neurosurgeon, has taken the time -- not that it  
16 was his job -- to coordinate my care with my other  
17 specialists that weren't doing their own jobs.

18 So he -- he may only have certification in  
19 neurosurgery, but he does have the capability to  
20 build strong teams, to work with others  
21 collaboratively to provide the best quality of  
22 care for his patients.

23 As for community, he is very, very giving  
24 in the local Flint community. He does have

1 experience in dealing with nonprofits. And,  
2 again, he can build a team that can take on  
3 anything.

4 He is an amazing man, and without him, I  
5 would be dead. So thank you very much. I hope  
6 you will consider him and his team to come make  
7 your location a better place. It sounds like it  
8 could use some help and needs to be providing  
9 better care for your community regardless of their  
10 insurance or economic level that they have. Thank  
11 you.

12 HEARING OFFICER AVERY: Jitu Brown, please  
13 proceed.

14 MR. BROWN: Thank you so much. My name is  
15 Jitu Brown. I am the board president of the  
16 Kenwood-Oakland Community Organization. I'm the  
17 national director of the Journey for Justice  
18 Alliance and a global fellow for Racial Equity  
19 with the Atlantic Institute. Also, a long-time  
20 resident of Bronzeville. I was born at Mercy  
21 Hospital. My mother was an RN at Mercy as well as  
22 many of my younger brothers and sisters  
23 (indiscernible) --

24 HEARING OFFICER AVERY: Mr. Brown, are you

1 still there?

2 MR. BROWN: Yes, ma'am. I'm sorry.

3 I want to be clear. As a member of the  
4 Chicago Health Equity Coalition, our urge for this  
5 Board to postpone the vote has nothing to do with  
6 Insight. It has nothing to do with Insight's  
7 capabilities. We've had conversations with  
8 Insight. I found, you know, them cordial. I  
9 found that they appear to really want to do good  
10 in the Bronzeville community. So we don't doubt  
11 that.

12 But, you know, the -- the author Alice  
13 Walker said, no one is your friend who demands  
14 your silence or denies your right to grow. And  
15 one of the things that happens to black  
16 communities is that institutions that most  
17 Americans take for granted, that they don't think  
18 whether about their hospital is going to close,  
19 they don't think about whether they have a grocery  
20 store, they don't think about whether they have a  
21 good neighborhood school. It is provided. And  
22 they have voice. Our voices have been ignored in  
23 this process.

24 Trinity Health Systems has not only been

1 disingenuous, they have been pompous, they have  
2 ignored an activated community that actually risks  
3 their lives to save this hospital. They have  
4 ignored venerable community organizations in  
5 Bronzeville that have decades of history that have  
6 actually created health care clinics, created  
7 schools.

8           So we cannot accept the process where  
9 someone -- whether they're fantastic or not --  
10 says, we'll take over the hospital, but we have to  
11 depend on their benevolence as opposed to justice,  
12 as opposed to equity. And governance is the first  
13 pillar of equity. Governance says that people in  
14 the community should have a role in how decisions  
15 are made.

16           And the great organizer Ella Baker said,  
17 all oppressed people, regardless of their level of  
18 education, have the ability to see the world  
19 around them, understand their place in the world,  
20 and move to transform it. We believe that.

21           We are asking this Board to understand  
22 that -- and we are asking Insight -- that if --  
23 that if Insight encompasses the values that I  
24 believe they do, then they should understand the

1 community's right to self-determination. What  
2 would be revolutionary, what would actually be  
3 transformative, is a process where the community  
4 has a voice in who provides health care when the  
5 last owner betrayed that trust. The last owner  
6 ran that hospital into the ground, and then they  
7 get to decide who runs it.

8           So this has no reflection on Insight.  
9 This has everything to do with the right of  
10 communities to determine how institutions impact  
11 their lives. Black lives matter must mean more  
12 than just a slogan on a website. It has to be how  
13 policy is implemented, it has to be how decisions  
14 are made, how power flows through your community.

15           So that is our ask at the Chicago Health  
16 Equity Coalition. We've said -- you've heard some  
17 of the things that we want to make sure remain in  
18 the hospital. I want to be very clear. We want  
19 equitable representation on the community board,  
20 and we are perfectly capable of understanding  
21 budgets and how to make sure that the hospital  
22 becomes financially solvent. We come from  
23 nonprofit organizations ourselves. So it's  
24 insulting to think that -- that as community



1 residents you cannot sit on a board like that.  
2 That, in itself, is an elitist perspective that we  
3 reject. So thank you all very much.

4 HEARING OFFICER AVERY: Thank you,  
5 Mr. Brown. Next, we have Amjad Quadri.

6 MR. BROWN: Thank you very much.

7 HEARING OFFICER AVERY: Thank you.

8 MR. QUADRI: Yes. Can you guys hear me?

9 HEARING OFFICER AVERY: We can.

10 MR. QUADRI: I'm a local Chicago resident.  
11 I have the opportunity to live in the South Loop  
12 area for a good amount of my time. I was born and  
13 raised in Chicago. And I had an opportunity to  
14 also live in Michigan for about six years. And  
15 while I was up there, I had the unfortunate event  
16 of having to need the services of Insight and  
17 their team.

18 And seeing the Flint community, knowing  
19 the Warren community, having lived in the South  
20 Loop community close to Mercy Hospital, I can't  
21 think of a better institution to help rebuild the  
22 trust between the community and the hospital and  
23 to continue the services that they are providing  
24 and possibly even upgrade the services that they

1 were providing.

2 As a former patient several years ago and  
3 hearing from other patients, I'd just like to  
4 reiterate what everyone has said that knows  
5 Dr. Shah, that knows the Insight team, that they  
6 really care. There's very rarely a time where you  
7 see a doctor willing to talk to other physicians,  
8 willing to talk to other service providers, doing  
9 what he can to make sure that you get the  
10 treatment that you need to solve the problem that  
11 you're having.

12 And, you know, someone mentioned on the  
13 call that the communities might not align, but I  
14 would say the communities in Flint and Warren  
15 align more with the south side of Chicago than --  
16 than probably not if we were looking at it from a  
17 statistics point of view.

18 And then when it comes to the nonprofit  
19 work that Dr. Shah has done, you know, Mercy,  
20 being a not-for-profit organization, I can't think  
21 of a better example than the institution he's  
22 running in Flint, which was crucial in helping the  
23 residents after the Flint water crisis, being one  
24 of the distribution centers, being there to help

1 and doing whatever the community needed. And I  
2 can imagine only that Mercy, as a beacon on the  
3 south side, continues to do that, and, with  
4 Dr. Shah's help, it will expand services along  
5 those lines.

6 So I'm completely in support of Mercy  
7 staying open, which it can't do without Insight,  
8 and, also, Dr. Shah and his team taking it over,  
9 because I can only see this becoming a real beacon  
10 where people can get all of the services that they  
11 need in the long term. And we would see the  
12 turnaround that I think most people were hoping  
13 for under the last management. Thank you very  
14 much.

15 HEARING OFFICER AVERY: Thank you.  
16 Christina Govas?

17 MS. GOVAS: Yes. Hello, can you hear me?

18 HEARING OFFICER AVERY: I can.

19 MS. GOVAS: Okay. My name is Christina  
20 Govas, C-H-R-I-S-T-I-N-A, last name, G-O-V-A-S,  
21 and I've been many voices speaking to save Mercy  
22 Hospital since August.

23 I want to verbalize that I am weary of a  
24 rush transfer of power for Mercy Hospital. I

1 think we all should be. Mismanagement is what  
2 caused Mercy Hospital closure to be entertained.  
3 Being hesitant and cautious at this time is  
4 prudent to ensure Mercy's future, a future which  
5 right now stands in the balance.

6 The trust has been fractured between the  
7 community in access to health care, so it's  
8 imperative that we move forward cautiously to help  
9 heal this fractured trust. So proper vetting of  
10 buyers, all potential buyers, is crucial to ensure  
11 that this hospital continues to serve the  
12 community as its best capacity. Vetting must  
13 include if these buyers have the wherewithal and  
14 the knowledge to be able to uplift this community  
15 and this hospital, as well as explore potential  
16 conflicts of interest which may run deeply and may  
17 harm the community in the future.

18 This community deserves access to  
19 full-service hospitals, including lifesaving acute  
20 services like obstetrics, STEMI, and stroke  
21 centers. This is who we have been fighting for  
22 and this is what we have been fighting for. We  
23 can see that Trinity has crippled this hospital,  
24 but Mercy still remains standing. It's been

1 degutted we a reduction of personnel and a  
2 reduction of services, but it's still here. But  
3 Mercy is in critical condition, so whoever takes  
4 over this hospital needs to have Mercy and the  
5 patient population at its best interest. So we  
6 need to ensure that that is -- that transfer of  
7 power goes to someone who will do so.

8 A clear assessment plan needs to be  
9 presented and agreed upon. The community needs  
10 this hospital, and they need it to function at its  
11 full capacity and strength. Please give the  
12 community time to make the right choice for Mercy  
13 Hospital. This is a very critical transfer and a  
14 very critical moment for Mercy Hospital.

15 Please, please, please give enough time  
16 for people to do the right vetting so this way we  
17 can move forward and ensure that Mercy Hospital  
18 stays where it is and functioning at the capacity  
19 that we know it can. Thank you very much for your  
20 time.

21 HEARING OFFICER AVERY: Thank you. Next,  
22 we have Will Evans.

23 MR. EVANS: Am I -- am I heard?

24 HEARING OFFICER AVERY: Yes. You're being

1 heard.

2 MR. EVANS: Yes. My name is Will,  
3 W-I-L-L, last name Evans, E-V-A-N-S. I'm a  
4 Bronzeville resident. We have thoroughgoing  
5 experience with Mercy Hospital, and we hope that  
6 it can remain open and functioning at full  
7 capacity serving our community.

8 I support Insight's acquisition of the  
9 hospital, not because I think that a hasty  
10 transfer of power is something desirable, but  
11 because Mercy Hospital is clearly in a very  
12 critical position. And I cannot think of a better  
13 person and a better team, because I personally  
14 know of their integrity, to acquire control of the  
15 hospital. I totally respect the community's right  
16 to decide upon who the right buyer is, but I just  
17 want to go on record today saying, I believe  
18 Insight is the right group to acquire control of  
19 this hospital.

20 I have worked with Insight in Flint, and I  
21 saw the way the community was invested in the  
22 institution. You know, really quickly wrapping  
23 up, I was the executive director for a  
24 not-for-profit educational organization, and I

1 needed a place to host, you know, an educational  
2 program, and Insight, you know, offered, you know,  
3 space to me. And, you know, worked with me as a  
4 community partner.

5 And when I think about that experience, I  
6 would love to see that experience replicated. I  
7 would love to see people in Bronzeville with a  
8 health care service provider that was similarly  
9 invested in their holistic best interest.

10 So I go just want to go on record saying I  
11 support Insight's acquisition of this hospital,  
12 because I know of their integrity, the integrity  
13 of their leadership, and the excellence that their  
14 team has demonstrated in the past.

15 HEARING OFFICER AVERY: Thank you for your  
16 comments. David, please proceed.

17 MR. SCHUSTERIC: Good morning. My name is  
18 David Schusteric, last name is spelled,  
19 S-C-H-U-S-T-E-R-I-C. I'm calling in as -- for  
20 support of Insight to take over for Trinity  
21 Health.

22 And, lastly, I have to -- I completely  
23 understand -- I'm a member of the community and so  
24 are many of you on this call right now. But I

1 have to stress this to you. This is the last  
2 lifeline that Mercy Hospital has is Insight taking  
3 over. And Insight has -- if you actually do  
4 regular Google searches, you can vet them.

5 Insight Institute of Neurosurgery and  
6 Neuroscience of Flint reopened a shuttered  
7 hospital in Lincoln Park to serve COVID patients.  
8 They didn't have to do that. That is something  
9 that they did graciously with a Block grant that  
10 they received. You know, one of their core values  
11 is integrity, teamwork, ethics, loyalty,  
12 innovation.

13 They really want to help this community.  
14 And you can hear it with the passion that they  
15 have. If you look into their Michigan facilities,  
16 you can totally believe that their -- their  
17 mission and their vision will completely align  
18 with what the community needs.

19 I don't agree that -- you know, people are  
20 over here saying that we need time, we need time.  
21 I'm sorry to say it, there is no more time.  
22 Trinity is trying to still close this hospital  
23 before the May 31st deadline. People are getting  
24 their warn letters saying that your last day is



1 coming up. So if you want any type of staff that  
2 know what they're doing in this hospital right  
3 now, it is critical to vote and allow Insight to  
4 take over for Trinity before there is no more of  
5 Mercy's basic core values here.

6 So, please, I hope some of you actually on  
7 this call take this into consideration and  
8 understand that time is of the essence right now,  
9 and we have to get it going, and we have to move  
10 in the right direction.

11 And these people, they've flipped  
12 hospitals that were in worse condition and made a  
13 profit. It's possible. Let them come in. Let  
14 them do their job, and I can guarantee you, you  
15 will see a positive outcome within the community.  
16 Thank you.

17 HEARING OFFICER AVERY: Thank you. Juan,  
18 is the Commissioner Mark Young under another name  
19 or you're going to --

20 MR. MORADO: We're going to put him on  
21 speaker. He's ready to go whenever you are.

22 HEARING OFFICER AVERY: Okay. Please  
23 proceed.

24 COMMISSIONER YOUNG: Good afternoon. I

1 appreciate the opportunity to speak to you. My  
2 name is Mark Young. That's, M-A-R-K, Y-O-U-N-G.  
3 I'm county commissioner, and I'm currently the  
4 chairman of the Genesee County Board of  
5 Commissioners. Genesee County is also the home of  
6 the city of Flint, Michigan as well as the home of  
7 Insight Biomedical Technology Institute.

8 I have had the great pleasure of serving  
9 my community and county for many years, and I  
10 appreciate individuals like Dr. Shah and  
11 organizations like Insight because of their  
12 outstanding commitment to our community. That is  
13 why I so enthusiastically support their efforts to  
14 operate the Mercy Hospital in Chicago.

15 The Insight Biomedical Technology  
16 Institute has been an incredible boom to our local  
17 economy, but, more importantly, it has become a  
18 destination health care provider in my county.  
19 Their strong commitment to their patients,  
20 regardless of their ability to pay, has been very  
21 inspiring.

22 I've had the pleasure of working with  
23 Insight as they have continued to invest  
24 throughout the region. I've watched and supported

1 their efforts to turn around a hospital in the  
2 neighboring community of Warren. We have also  
3 seen their commitment in our community with their  
4 redevelopment of the Broome Empowerment Village  
5 building, with a mission where they firmly believe  
6 that investing in young people is the key to  
7 creating compelling and lasting change without our  
8 community.

9 As you can see, Insight does not simply  
10 invest in buildings, they invest in the community.  
11 Their investments in our county and the city of  
12 Flint have generated many needed jobs and have  
13 helped transform what had previously been an  
14 abandoned General Motors headquarters.

15 Dr. Shah and Insight have been trustworthy  
16 allies in increasing access to necessary medical  
17 care in our county, and I thank them for their  
18 ongoing work in that area.

19 I support Insight's work and application  
20 to save the Mercy Hospital in Chicago, which I  
21 understand is undergoing tremendous financial  
22 strain. We have seen this play out in many of our  
23 communities in Michigan, and we understand the  
24 frustration that the community must feel at the

1 prospect of losing this precious resource.  
2 However, I do believe that Insight is the right  
3 organization to run a facility that is sustainable  
4 and dedicated to its patients and hope that you  
5 will vote to allow Insight to take over this  
6 hospital.

7 I support Insight's efforts to operate  
8 Mercy Hospital, and I ask the Health Facilities  
9 and Services Review Board to approve their  
10 application to do so. Thank you very much for  
11 your time. And, again, I am Commissioner Mark  
12 Young, chairman of the Genesee County Board of  
13 Commissioners in Michigan. Thank you.

14 HEARING OFFICER AVERY: Thank you. Is  
15 Andre Burgundy on? If so, please raise your hand  
16 or star 63 -- I'm sorry -- star 3. Ben, are you  
17 there?

18 DR. SAIYASOMBAT: I'm here.

19 HEARING OFFICER AVERY: Did you speak?  
20 I'm sorry. I lost track.

21 DR. SAIYASOMBAT: Not yet. Not yet. I  
22 can go really quick.

23 HEARING OFFICER AVERY: Okay. Please  
24 proceed.

1 DR. SAIYASOMBAT: All right. Good  
2 morning, everybody. My name is Ben Saiyasombat,  
3 that's, B-E-N, S-A-I-Y-A-S-O-M-B-A-T. I'm one of  
4 the doctors who works in the emergency room at  
5 Mercy.

6 As it stands right now during this day, I  
7 am in opposition of the change of ownership. As  
8 it's been said before, this was a rush decision,  
9 right. We've been -- we've been fighting to keep  
10 the hospital open for about a year. And the first  
11 we heard about Insight, there's been no  
12 transparency. The first we heard about them was  
13 essentially a week ago when Trinity Health put out  
14 the -- put out their notice that the sale was  
15 happening. However, they were sill -- they still  
16 fully intend to discontinue hospital services by  
17 May 31st, and they're holding the hospital closure  
18 over our heads unless this deal goes forward.

19 I understand that the hospital closure  
20 does put pressure to find an approved entity as  
21 soon as possible, however, for the last year, we  
22 fought for the continuation of quality health care  
23 on the south side. We want Mercy Hospital not  
24 only to stay open but to stay viable and fully

1 supported. We want community members on the  
2 governing board that determines hospital  
3 operations, we want a hospital with an emergency  
4 room that takes all ambulances, as well as a  
5 fully-staffed intensive care unit, psychiatric  
6 floor, and high-risk OB unit.

7 We want a health system that is fully  
8 committed to supporting the outpatient services  
9 which are so desperately needed by the community  
10 such as primary care, cancer screening, disease  
11 prevention, ob-gyn care, as well as behavioral and  
12 psychiatric health. And I believe that the best  
13 chance of making this happen would be to fully  
14 hear the proposals from all other parties that are  
15 interested in acquiring the hospital.

16 If Trinity Health is serious about selling  
17 Mercy for a dollar, they should also agree to go  
18 to the table with these other organizations and  
19 elected officials as well as the community should  
20 be able to hear their plan.

21 Agreeing to sell to the first entity that  
22 just happens to come along to prevent the closure  
23 of the hospital without properly considering the  
24 other options would be settling for the easy way

1 out. It would be a disservice to the community  
2 and how far the movement to save the hospital has  
3 come.

4 I believe that, at this point in time, we  
5 are at a crossroads where there is an opportunity  
6 to truly effect long-lasting positive change in  
7 health care on the south side of Chicago, and we  
8 shouldn't be settling for anything less than that.  
9 Thank you so much for your time.

10 HEARING OFFICER AVERY: Thank you. Juan,  
11 please proceed with your next speaker.

12 MR. MORADO: We have Dr. Naveed Mallick.  
13 Dr. Mallick. One second.

14 HEARING OFFICER AVERY: Okay.

15 MR. MORADO: Go ahead, Dr. Mallick.

16 DR. MALLICK: This is Naveed Mallick,  
17 N-A-V-E-E-D, M-A-L-L-I-C-K. Thank you for  
18 allowing me to testify today.

19 I'm a practicing internist, primary care  
20 doctor, and sleep specialist located on the south  
21 side of Chicago. I have lived and practiced on  
22 the south side of Chicago for the last 20 years,  
23 and I currently reside in North Kenwood. I was  
24 born on the west side of Chicago and went to

1 Medical school at UIC, and I have great memories  
2 of rotating at Mercy Hospital as a medical  
3 student.

4 Many of my clinical skills that I rely on  
5 to this day were formed at Mercy. Many of my  
6 patients still go to Mercy. Just this week, my  
7 patient called me with lightheadedness and was  
8 sent to Mercy. Thankfully, she did well and was  
9 discharged home safely today, just before this  
10 call.

11 Many of my mentors worked and practiced at  
12 Mercy. I would like to see them back and the rest  
13 of the physicians and staff who are committed to  
14 Mercy thrive and continue to work there and bring  
15 it back to its glory and beyond.

16 We need Mercy Hospital to continue in our  
17 neighborhood for the safety of the community and,  
18 most importantly, to provide world-class quality  
19 care to its patients. We should not settle for a  
20 crippled hospital in which doctors cannot practice  
21 to the best of their abilities.

22 But, first, Mercy Hospital needs financial  
23 stability. I have seen firsthand how finances  
24 interrupt taking care of residents and neighbors.



1 It was on picket line helping to save Provident  
2 Hospital years ago, where I worked for 16 years,  
3 when it was slated to close due to, quote,  
4 financial issues. I was tired of being told that  
5 we could not afford state-of-the-art equipment  
6 that was not, quote, in our budget.

7 I was honored to serve alongside my  
8 friends at KOCO, playing a very small role as the  
9 doctor for the hunger-striking residents who saved  
10 Dyett High School from closing, again, for, quote,  
11 financial reasons. The neighborhood deserves  
12 better.

13 I have known Dr. Jawad Shah and Insight  
14 for 30 years, and I know how serious he is and  
15 Insight is about taking care of patients and  
16 running institutions with the highest levels of  
17 professionalism, integrity, and compassion.

18 I think this is what we all want in the  
19 neighborhood. We want world-class care on the  
20 south side of Chicago and in Bronzeville. Insight  
21 can deliver that, our neighbors deserve that.  
22 Let's not deprive them of this opportunity. Thank  
23 you.

24 HEARING OFFICER AVERY: Thank you. Okay.

1 Next, we have Pravin, and I won't butcher your  
2 last name. Please proceed and spell your name for  
3 the court reporter.

4 DR. MUNIYAPPA: Can you hear me?

5 HEARING OFFICER AVERY: Yes, we can.

6 DR. MUNIYAPPA: Okay. My name is  
7 Dr. Pravin Muniyappa, that's Pravin, P-R-A-V-I-N,  
8 last name is Muniyappa, M-U-N-I-Y-A-P-P-A.

9 I'm a physician on staff at Mercy. I've  
10 been seeing patients at Mercy for greater than 15  
11 years. I also see patients at the University of  
12 Illinois where I'm an assistant professor, and I  
13 teach residents and students at both locations.  
14 I'm an asthma specialist.

15 You know, I would encourage the Board to  
16 delay the exemption for change of ownership until  
17 there's really more clarity about what Insight  
18 wants to do with Mercy Hospital. I have no  
19 opinion about Insight, but the comments we've been  
20 receiving are that they would keep a basic ER  
21 which means no ambulances, you know, no really  
22 critical-ill patients, just walk-in patients.

23 The community really needs a full-service  
24 ER. They need a full-service hospital. They need

1 community care. They need primary care. I will  
2 give, you know -- I'll give more detail in a  
3 detailed written comment, but the community  
4 doesn't need more access just to surgery. They  
5 need access to the care that will keep them from  
6 requiring surgery, which is really good primary  
7 care, good social care.

8 And there's still so many questions that  
9 are unanswered here. I really think it needs to  
10 be -- the vote needs to be -- the Board needs to  
11 delay the exemption, and we need to hear from  
12 other interested parties to hear their proposals,  
13 because we haven't really heard a proposal here.  
14 And I'll provide more written detailed comments.  
15 That's all I have to say.

16 HEARING OFFICER AVERY: Thank you.  
17 Mr. Morado?

18 MR. MORADO: We have one more we're trying  
19 to get on. You can have someone else go,  
20 Ms. Avery.

21 HEARING OFFICER AVERY: Okay. John, are  
22 you -- let me find you. Is this John? John, are  
23 you there?

24 SPEAKER: (Indiscernible.)

1 HEARING OFFICER AVERY: Who is speaking?

2 MR. MORADO: Ms. Avery, we do have Tiffany  
3 Carter who is ready.

4 HEARING OFFICER AVERY: Okay. Please  
5 proceed.

6 MR. MORADO: She needs to be unmuted from  
7 your end. She's listed under the attendees.

8 HEARING OFFICER AVERY: Oh, from my end?  
9 Okay. What's her name, again? Tiffany?

10 MR. MORADO: Tiffany Carter.

11 HEARING OFFICER AVERY: Thank you.  
12 Ms. Carter, please proceed.

13 MS. CARTER: Hi. My name is Tiffany  
14 Carter. I've been a registered nurse at Insight  
15 for about a year now, and I've been a nurse for  
16 about ten years.

17 I'm so very proud to support this  
18 application for Insight and Dr. Shah's team. I  
19 just want to say that I have seen dramatically how  
20 Insight has improved a community with better  
21 health care outcomes and more efficient delivery  
22 of health care services.

23 I must say, I've worked in plenty  
24 environments, you know, throughout my career, and

1 I just enjoy the continuity of care that we are  
2 able to give each individual patient in the way  
3 that Dr. Shah and his team has it set up.

4 At Insight, every day we bring skilled  
5 health care practitioners together across various  
6 disciplines and using a lot of technology that I  
7 haven't seen anywhere. Our physicians and  
8 therapists provide comprehensive rehabilitative  
9 treatment that is tailored to fit everybody just  
10 individually. I've just never seen anything like  
11 that. And I think that it would just be an asset  
12 to any hospital or any state. And that's really  
13 all I have to say.

14 HEARING OFFICER AVERY: Thank you.

15 MS. CARTER: You're welcome. Thank you.

16 HEARING OFFICER AVERY: You're welcome.

17 Is there anyone else outside of those that are  
18 represented by Insight that is willing to -- or  
19 wanting to speak? If so, please raise your hand.  
20 I'm to the end of the list of those that are  
21 outside of Insight Chicago.

22 (No response.)

23 HEARING OFFICER AVERY: Okay. Therefore,  
24 I will move on to Ms. Gloria Johnson. Please

1 begin your comments.

2 MS. JOHNSON: Hello. Yes. My name is  
3 Gloria Johnson, G-L-O-R-I-A, J-O-H-N-S-O-N. And  
4 I'm not really opposed to Insight taking over, but  
5 I would like for the Board to hold off. I think  
6 that it is very important that the members of that  
7 community, the patients, and the staff at Mercy  
8 have a say-so in that process and are able to  
9 review the information.

10 There needs to be more research, there  
11 needs to be more research on other buyers that are  
12 willing to take over. Because just to make say  
13 rush decision and people would ultimately be  
14 affected, I think we wouldn't want to go with that  
15 decision.

16 Just about a year ago, unfortunately, my  
17 mother was ill and was unable to go to the  
18 University of Chicago, and she had to go to Mercy,  
19 and they did a very good job. So, you know, those  
20 services are important for the community -- full  
21 services, at that.

22 So I just want to say I think that this  
23 process should not be rushed and it should be held  
24 off until research is completed and the members of

1 the community are able to make a decision about  
2 their health care, because they are the  
3 stakeholders. And that's really all that I have  
4 to say at this point.

5 HEARING OFFICER AVERY: Thank you,  
6 Ms. Johnson.

7 MS. JOHNSON: You're welcome. Thank you.

8 HEARING OFFICER AVERY: You're welcome.  
9 Juan, I have Natalie Leavitt next. Is that who  
10 you want?

11 MR. MORADO: Actually, we would like to  
12 have Maryum Rasool. And I have her here ready to  
13 go.

14 HEARING OFFICER AVERY: Okay. Please  
15 proceed.

16 MS. RASOOL: Hello. My name is Maryum  
17 Rasool. M-A-R-Y-U-M, last name, R-A-S-O-O-L.

18 I am a Flint native and the executive  
19 director of the Sylvester Broome Empowerment  
20 Village which is an after school and day program.  
21 All of our services are free to Flint youth. We  
22 -- we focus in three areas which is academics,  
23 athletics, and artistry. We serve 7,000 families  
24 a year and 1,000 youth.

1           What really pushes me about this project  
2           and really excites me is that we are community  
3           led, community informed. All of our programs were  
4           design based on what the community told us their  
5           needs were and are, so that's how we were able to  
6           expand so quickly, because we're providing the  
7           community with what they asked for.

8           That, and partnering with Insight, that is  
9           one of the things of many that really lines up and  
10          speaks to our partnership is that they are  
11          community led and community centered, which is so  
12          important when dealing with not only patients but  
13          the community as a whole.

14          So this is why I am proud to say that, you  
15          know, not only are we allies with Insight, but I  
16          definitely would recommend moving forward with  
17          approving their application. Thank you.

18          HEARING OFFICER AVERY: Thank you. Okay.  
19          I would like to give an opportunity for those who  
20          are listed as call-in users. If you would like to  
21          speak, please star 3. If that does not work,  
22          please text me at 312-590-6511. I'll repeat the  
23          number. 312-590-6511. Okay. Mr. Morado, who  
24          would you like next?



1 MR. MORADO: We can hold, Ms. Avery. We  
2 just have our closing statements. So as soon as  
3 everyone else has had an opportunity, that will be  
4 our last speaker.

5 HEARING OFFICER AVERY: At this point, I  
6 don't see anyone. Mike Mitchell, are you still  
7 available? Mike Mitchell, do you see anyone with  
8 their hand raised? I can't see the attendee list.  
9 I don't think he's on. Okay. One second,  
10 everyone. Please be patient. Natalie Leavitt I  
11 thought just spoke. Was that Natalie?

12 MR. MORADO: That was Maryum Rasool and  
13 before her Tiffany Carter.

14 HEARING OFFICER AVERY: Oh, I'm sorry.

15 MR. MITCHELL: Courtney -- did you need  
16 something, Courtney? I'm sorry.

17 HEARING OFFICER AVERY: I did. Can you  
18 see if anyone's hand is raised and, if so, send me  
19 a message? I -- for some reason, my attendees  
20 list is not expanding.

21 Natalie, please proceed. Spell your name  
22 for the court reporter.

23 MS. LEAVITT: Okay. My name is Natalie  
24 Leavitt, L-E-A-V-I-T-T. I'm a patient of

1 Dr. Jawad Shah at Insight in Flint, Michigan. I  
2 appreciate you allowing me to share my experience  
3 with Dr. Shah.

4 I actually reside in the state of Indiana  
5 for the last 12 years. I was diagnosed with just  
6 a brain tumor initially. I never experienced that  
7 before. I have had immune system diseases for  
8 about 20 years. I did visit two brain surgeons in  
9 Chicago, both of them denied me of having surgery  
10 from them because I was considered a high-risk  
11 patient.

12 So, you know, fast forward a couple months  
13 after meeting them, I unimaginably was connected  
14 to Dr. Shah. Let's see. Sorry. I have notes I'm  
15 going off of. I apologize. I just have a little  
16 note to share.

17 As of this month, it's been five years  
18 that I found out I had a brain tumor. Prior to  
19 meeting with Dr. Shah, as I said, I met with the  
20 two surgeons in Chicago. Of course, something  
21 unexpected like having a brain tumor, most people  
22 might react with an undeniable fear of dying, and  
23 finding Dr. Shah in an unimaginable way proved  
24 that I found the right doctor for me.

1           He's always made me feel safe, welcomed,  
2           and, also, his team of doctors who worked with  
3           him, I knew I was in good hands. In fact, the  
4           morning of surgery, I was calm, and I think it was  
5           because of him and his demeanor and my safety I  
6           felt with him. And maybe most people might not  
7           feel that way. I mean, from my experience, I  
8           walked out of the hospital after surgery in less  
9           than a week. It was a complete blessing. And it  
10          was with Dr. Shah saving my life.

11          The tumor was tested and ended up being  
12          non-Hodgkin's lymphoma. Cancer. Having a few  
13          weeks of radiation and chemotherapy was a  
14          challenge, but my family, and especially Dr. Shah  
15          and his team, were always there for me.

16          Since recovery in the last five years,  
17          it's not been easy. I thank God every day that I  
18          was strong enough to get through it, for Dr. Shah  
19          and the team who helped me get there. They are  
20          the unexpected blessing I will forever be grateful  
21          for.

22          Based on everyone's comments and input, I  
23          have a strong belief as a patient that Insight  
24          would be contributing greatly to the Mercy

1 Hospital. I honestly understand where there has  
2 been some conflict with other, you know, surgeons  
3 or communities that won't accept someone coming  
4 from out of state, but I feel like Dr. Shah has an  
5 extensive amount of surgery, is very well known.

6 I feel, as a patient, I would respect him  
7 even more than I do with his reputation and, you  
8 know, his -- his team of doctors that he has  
9 connected to in the area of Flint were amazing to  
10 me. Their communication together was consistent  
11 in regards to my personal situation, and I  
12 couldn't be more happier with going with him as my  
13 surgeon.

14 Again, thank you so much for letting me  
15 share my experience with Dr. Shah and the support  
16 of his team at Insight. Thank you.

17 HEARING OFFICER AVERY: Thank you for your  
18 time and testimony. Mr. Lee, please proceed.

19 MS. LEE: Good afternoon. This is Jaribu  
20 Lee.

21 HEARING OFFICER AVERY: I'm sorry, ma'am.  
22 Thank you.

23 MS. LEE: Okay. J-A-R-I-B-U. And my last  
24 name is Lee, L-E-E.

1           I live on the south side of Chicago and  
2           Mercy is my hospital. I'm also a part of the  
3           Kenwood-Oakland Community Organization and the  
4           Chicago Health Equity Coalition as well. And we  
5           started fighting for keeping Mercy Hospital open  
6           back in the summer when we heard abruptly, you  
7           know, that the hospital was going to be closed.  
8           And so we created a coalition of labor, health  
9           professionals, doctors, nurses, faith  
10          organizations to really fight back to make sure  
11          that this hospital was able to stay open.

12           And, consistently, since the summer, the  
13          Coalition has been demanding that Trinity Health  
14          Systems sell Mercy. And it was made, you know,  
15          public about maybe, you know, two weeks ago, that  
16          that was the case. And so we're excited that, you  
17          know, we are on the track of keeping the hospital  
18          open, something that we've been fighting for for  
19          the last year. However, we're concerned about the  
20          fact that Trinity is -- is the one that's  
21          determining who the buyer will be.

22           There are a number of other buyers that  
23          have expressed interest, and Trinity has resisted  
24          any other discussions with, you know, other

1 buyers. And so prior to the sale, we are clear  
2 that a public plan to restore Mercy to a  
3 fully-operational hospital with essential services  
4 be outlined. None of that has been, you know,  
5 submitted here.

6 We also -- we support the sale of Mercy  
7 Hospital to a responsible entity that will make  
8 sure that there's transparency to the community  
9 that it serves, significant community  
10 representation on the board, and preservation of  
11 the full extent of Mercy Hospital's capabilities.

12 And equity begins governance. You know,  
13 equity begins governance. We demand a process  
14 that ensures accountability to the public and  
15 shares governance here as well. We need to review  
16 and vet all interested buyers and have  
17 representation on the board.

18 And so we are calling for this body to  
19 deny Trinity's -- this proposal to sell until all  
20 applications have been fully vetted. Thank you so  
21 much.

22 HEARING OFFICER AVERY: Thank you for your  
23 time. Okay. Call-in user 27, you should be  
24 unmuted now.

1           MR. JONES: Yes. My name is Terrance  
2 Jones, and I'm a patient of Dr. Shah's. And I've  
3 seen him since 2015 from a tragic car accident.  
4 My body was really pretty bad, and I came to  
5 Dr. Shah, and him and his staff have provided me  
6 with excellent care. And it was through coming  
7 through him and going through the rehabilitation  
8 center and physical therapy and finally getting  
9 surgery on my back that I was able to start  
10 getting up and walking again.

11           Dr. Shah doesn't wear his doctor on his  
12 sleeve, he wears human being on his sleeve first.  
13 Because not only is he a great doctor and  
14 excellent physician, but he's a great human being.  
15 When we had the Flint water crisis, he was one of  
16 the first ones to invest his own money in trying  
17 to repair the pipes and fix up the neighborhoods.

18           As you heard earlier, he's invested in the  
19 Sylvester Broome Empowerment Village where he's  
20 invested in the community and our youth in the  
21 community. He's invested in Flint, period. He's  
22 trying to do all he can to uplift the communities  
23 in Flint and bringing Flint back to the forefront.

24           I am grateful to him what he has done for

1 me as an individual and helping me get -- start my  
2 life back on track. But I know that the residents  
3 that's in Chicago are very concerned about Mercy  
4 Hospital and who takes it over. And I understand  
5 what they're saying about don't rush to judgment  
6 on selling it. But I'm telling you that Dr. Shah  
7 is not only going to be invested in the hospital  
8 and his patients, but he's also going to be  
9 invested in the community of Chicago.

10 He's going to do what he can when he can  
11 to help the community come up, as well as invest  
12 in the hospital with his staff to make sure that  
13 every patient has extreme personal care. Because  
14 when I had my surgery, he didn't let me leave --  
15 until I woke up, he didn't let me leave until he  
16 came and spoke with me to make sure I was okay.  
17 My after care, he made sure I had the nurses come  
18 out to the hospital and took good care of me at my  
19 home to make sure I was up and moving.

20 He has invested himself personally. He  
21 would have his assistant call me every day to  
22 check on me, see how I was doing. Dr. Shah didn't  
23 have to do none of this, but he did. He showed me  
24 that he is not only a great physician, as I said,



1 but a human being.

2 And the people in Chicago have nothing to  
3 worry about. He's going to not only invest in  
4 that hospital, but he's going to invest in your  
5 community. And I just want to let everybody know  
6 that. Thank you for giving me the time to speak.

7 THE REPORTER: Can you please spell your  
8 name for us?

9 MR. JONES: T-E-R-R-A-N-C-E. J-O-N-E-S.

10 THE REPORTER: Thank you.

11 HEARING OFFICER AVERY: Was that Court,  
12 the court reporter?

13 THE REPORTER: Yes, it was. Thank you.

14 HEARING OFFICER AVERY: Hi, Court.

15 THE REPORTER: Hi.

16 HEARING OFFICER AVERY: Okay. I want to  
17 unmute all the call-in users. And as orderly as  
18 you can, if you would like to speak, just please  
19 start. Call-in user 11, please begin your  
20 comments. Hello? Your hand is raised. If you  
21 are on a phone, just start speaking.

22 MS. JONES: Hello. Can you hear me?

23 HEARING OFFICER AVERY: I can.

24 MS. JONES: My name is Marian Jones. I am

1 a resident of Bronzeville and have had a number of  
2 emergency visits to Trinity -- I'm sorry -- to --  
3 to Mercy and have always had compassionate care.

4 And my point is that it's important that  
5 it be a full-service hospital and that there be no  
6 rush to judgment. Because the services that I  
7 received in the time that I spent at Mercy would  
8 not fall within the parameters of the kind of  
9 service that Insight provides.

10 Insight sounds like a very fine  
11 organization, but the importance of having a  
12 full-service hospital in Bronzeville at Mercy, I  
13 consider to be extremely important. And I will  
14 spell my name. It's, M-A-R-I-A-N, last name,  
15 J-O-N-E-S.

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

18 MS. JONES: You're welcome. Thank you.

19 HEARING OFFICER AVERY: Have a good day.  
20 I will repeat that process and ask that -- ask  
21 that you begin speaking if you're on the phone.  
22 If you would like to give testimony, please begin  
23 speaking.

24 (No response.)

1 HEARING OFFICER AVERY: Okay. Hearing  
2 none, Mr. Morado.

3 MR. MORADO: Yes. Ms. Avery, we're ready  
4 for our closing statement?

5 HEARING OFFICER AVERY: Yes, we are.

6 MR. MORADO: Thank you.

7 HEARING OFFICER AVERY: You're welcome.

8 MR. BAWAHAB: Good afternoon, everyone.  
9 My name is Atif Bawahab. I'm the chief strategy  
10 officer at Insight --

11 HEARING OFFICER AVERY: I'm sorry. I'm  
12 sorry. Hold on one second. I missed someone, and  
13 I know you all wanted to be the end, so please  
14 hold on one second. Etta Davis?

15 MS. DAVIS: Hi. Yes. Can you hear me?

16 HEARING OFFICER AVERY: Yes. Please  
17 begin.

18 MS. DAVIS: Okay. Hello. My name is  
19 Etta, that's, E-T-T-A, Davis.

20 I'm the president of the Dearborn Homes  
21 and Local Advisory Council, a member of the  
22 Lugenia Burns Hope Center, and the Chicago Health  
23 Equity Coalition. But I am also a patient here at  
24 Mercy Hospital.

1           Now, although this hospital has indeed  
2           been a great service to the poor and  
3           underprivileged in the Bronzeville area, it has  
4           also served people who live all over Chicago,  
5           regardless of race or financial status. I'm sure  
6           that you can run into someone on any given day  
7           whom if they were not born here at Mercy, their  
8           children or relatives were or any person for any  
9           given reason have received some form of care here.

10           With that being said, I pray for the group  
11           that will take over this hospital. I want to  
12           appeal to the minds, hearts, and spirits of  
13           whomever the investor may be, because we don't  
14           actually know whom that investor will be as of  
15           yet. We have not spoken with other investors as  
16           of yet. But we pray -- I pray that it continues  
17           to be to a full-service hospital with a  
18           full-service emergency room, gyne, psych ward,  
19           ICU, cardiology, oncology, inpatient, internal  
20           medicine, labs, the imaging department, and  
21           pharmacy, among other services that are needed.

22           I can speak on these services because I  
23           have doctors in many of these areas. It is by  
24           coincidence that I mentioned the psych ward and

1 full-service emergency room coming back because  
2 due to the closing of these areas, a young lady  
3 who was in this area who is mentally challenged  
4 injured herself. And after receiving emergency  
5 health care elsewhere had to be transferred to  
6 Ingalls psych ward in Harvey, Illinois. That's a  
7 prime example of why need these units opened  
8 immediately.

9 Some patients have been forced to go to  
10 other hospitals due to these closures. It is  
11 things like this happening which is why we  
12 definitely need a voice, representation, on what  
13 should happen when it comes to our health care. I  
14 think that it was outrageous that after being a  
15 patient for over ten years at Mercy, Trinity  
16 Corporation did not even respect us enough to let  
17 us know that it was closing. We had to find this  
18 out through the Chicago Health Equity Coalition  
19 and on Facebook.

20 This told us that they didn't really care  
21 one way or the other. We just heard them talk  
22 about profits. And when you place profits over  
23 people, we have a problem. What we don't need is  
24 another group coming into our community who really

1 puts profits over people. What we also do not  
2 need is to make rush decisions on what investor  
3 will come into our community. Because if you take  
4 the time to conversate with us, the Chicago Health  
5 Equity Coalition and the people in the community  
6 that you will be serving, then you can make a  
7 proper decision on this matter.

8 We deserve proper health care. We deserve  
9 to live. And we will continue to fight to get  
10 proper health care to whomever the investor may  
11 be. Work with us, and we'll work with you. But,  
12 again, we will not and should not be rushed.

13 And while speaking out about investors, I  
14 also have to speak to the mind, hearts, and  
15 spirits of our government who should be making  
16 sure that our safety net hospitals are fully  
17 funded and back up whatever investors come in so  
18 that we will not have to continue with the  
19 closings of these safety net hospitals.

20 We can make this hospital work for the  
21 people that it serves, so don't be afraid to have  
22 input into -- let us have input into our health  
23 care. It is all about helping us to help you,  
24 because it works when you do it together. We have

1     been sold out long enough. And if you're truly  
2     for our community, then you will give us the time  
3     to communicate with you and others.

4             Bringing this hospital back to its full  
5     capacity is going to be a process. We need to  
6     bring back doctors, nurses, and other medical  
7     staff who have been truly -- who have truly given  
8     of themselves to serve our communities who have  
9     been gotten rid of by the Trinity Corporation.  
10    This means taking our time and talking with other  
11    investors and choosing the right investor to  
12    represent us. There is nothing that we can't do  
13    if we do it together, but rush decisions are not  
14    good decisions.

15            While I've heard some good things about  
16    Insight from friends and relatives who live in  
17    Flint, Michigan and I've heard them once again, we  
18    still need to make the best decision for what we  
19    think is right for us and to make Mercy Hospital  
20    the best hospital ever, better than ever. Thank  
21    you so much.

22            HEARING OFFICER AVERY: Thank you,  
23    Ms. Davis. Okay. Let me do one quick sweep,  
24    Mr. Morado, and then you can go. Okay.

1 Mr. Morado, please begin your closing statements.

2 MR. BAWAHAB: Good afternoon, everyone.

3 My name is a Atif Bawahab. I am the chief  
4 strategy officer of Insight.

5 First and foremost, just grateful for the  
6 opportunity to address you all today. I  
7 appreciate the opportunity of being able to tell  
8 you about us, who we are, the work we've done in  
9 the communities that we've served, as well as the  
10 health and economic development of the results of  
11 our work.

12 Similarly, we really appreciate the  
13 opportunity and, in fact, humbled by hearing from  
14 the public, the community members, the Mercy  
15 employees, all of the diverse stakeholders that  
16 we're looking forward to serving firsthand. We  
17 understand your questions, your comments, and your  
18 concerns.

19 Not one comment was the same, but the one  
20 thing that really resonated with me, as well as my  
21 team, is the passion in everyone's voices. I know  
22 there's no video or visual for everyone today, but  
23 we can definitely hear that, so much passion in  
24 everyone's voices that truly means that all of you



1 guys care about the hospital, the community, and I  
2 would like to think that means that you guys all  
3 share our core value of love.

4 I don't think we can respond to all the  
5 comments today, but a couple of responses I would  
6 like to make with respect to the process.

7 I've heard that, you know, the community  
8 feels like this was rushed, it happened overnight.  
9 For us, it's been the complete contrary. This has  
10 been a long and extended process, one that we've  
11 been engaged in since last summer. And it's  
12 included a thorough vetting by Trinity, even site  
13 visit to our Flint facilities as well.

14 So we'd like to think we've gone through a  
15 very thorough vetting process and have embarked on  
16 the same channels as every other interested party  
17 has gone through, and one in which, from my  
18 understanding, Trinity has been embarking upon for  
19 the past couple of years in terms of transitioning  
20 this hospital.

21 With respect to the communication with the  
22 public or should I say, rather, lack of  
23 communication that the public feels, please  
24 understand, as part of the negotiations, we had a

1 nondisclosure agreement with Trinity, so that's  
2 prohibited us from having any type of public  
3 discussions. But as soon as that NDA was lifted,  
4 we began having conversations with community  
5 organizations, elected officials, the Chicago  
6 Health Equity Coalition. And although that's only  
7 happened since the past week, we're looking  
8 forward to several more conversations in the  
9 coming weeks and months ahead.

10 I would go even further in terms of our  
11 communication. If I humbly could really challenge  
12 anyone that has reached out to us and has not  
13 received a direct response from us and not just  
14 from our overall team but from myself and  
15 Dr. Shah, personally. We're engaging everyone and  
16 looking forward to that involvement. But, like I  
17 said, one week is not enough. We're looking  
18 forward to this engagement in the coming months  
19 and years ahead.

20 We take this responsibility very  
21 seriously. I would say obligation very seriously.  
22 There's a lot of work to be done. This hospital  
23 has such a rich history and has been such a  
24 longstanding pillar in the community. It will not

1 be a short-term project. But we see this as a  
2 very long-term commitment to make this a center of  
3 excellence. And we really mean that word,  
4 excellence. We're not looking at this as a  
5 hospital just to do the bare minimum or just to  
6 simply get by. To borrow the words of the  
7 community, we want this hospital to thrive and not  
8 just survive. And looking at this as a center of  
9 excellence that includes a full-service hospital,  
10 but so much more than that, product development,  
11 research, education.

12 But, again, we don't believe that we're  
13 going to be successful in this endeavor  
14 independently. We're looking for support,  
15 engagement with the community, and looking forward  
16 to collaborating with everyone. If there are  
17 other interested parties, we would love to hear  
18 from you, see how we can engage with one another,  
19 and work with us as partners in rebuilding such a  
20 solid institution in the community.

21 Again, thank you for the time today and  
22 for having the opportunity to listen to you all.  
23 We humbly ask for your patience and, more  
24 importantly, your support. And I would humbly

1 request the Board's support and approval of our  
2 application.

3 HEARING OFFICER AVERY: Thank you for your  
4 comments.

5 Please note that this project is  
6 tentatively scheduled for consideration by the  
7 HFSRB at its March 22nd meeting. The meeting is  
8 scheduled to begin at 1:00. I ask that you please  
9 refer to the HFSRB website at [hfsrb.illinois.gov](http://hfsrb.illinois.gov)  
10 for more details and agenda changes and updates.

11 You will notice on the home page that  
12 there is -- there are three red boxes. There will  
13 be a link on the one that says, Special Meeting  
14 March 22nd, in order to participate. At that  
15 time, there will also be an opportunity to provide  
16 public comment once again.

17 So I ask that you prepare to take note of  
18 the following dates and times regarding exemption  
19 No. 002-021. The state board staff report is  
20 posted online at the same website,  
21 [hfsrb.illinois.gov](http://hfsrb.illinois.gov). There is typically a deadline  
22 for such, but if you have additional comments that  
23 you would like to submit, please submit them to  
24 the mailbox [DPH.HFSRB.PublicHearings@illinois.gov](mailto:DPH.HFSRB.PublicHearings@illinois.gov).

1           Hopefully everyone received that  
2 information. But please use the website as a  
3 source of info and updates pertaining to this  
4 application.

5           Hearing no other comments or having no  
6 other comments, I deem this public hearing  
7 adjourned, and I thank you for your participation.

8           (Off the record at 1:24 p.m.)

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1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

2

3 I, Courtney Petros, Registered  
4 Professional Reporter, Certified Shorthand  
5 Reporter and Notary Public, the officer before  
6 whom the foregoing deposition was taken, do hereby  
7 certify that the foregoing transcript is a true  
8 and correct record of the testimony given; that  
9 said testimony was taken by me and thereafter  
10 reduced to typewriting under my direction; and  
11 that I am neither counsel for, related to, nor  
12 employed by any of the parties to this case and  
13 have no interest, financial or otherwise, in its  
14 outcome.

15 IN WITNESS WHEREOF, I have hereunto signed  
16 this 15th day of March, 2021.

17 My commission expires May 6th, 2023.

18

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20

COURTNEY PETROS, RPR, CSR

21

NOTARY PUBLIC IN AND FOR THE

22

STATE OF ILLINOIS

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24

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