March 19, 2021

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Letter of Support- Mercy Hospital and Medical Center, Exemption #003-21

Dear Ms. Avery,

In early July 2020, after months of gathering documents, I finally completed and submitted my application for medical staff privileges as an anesthesiologist at Mercy Hospital. Two weeks later, Trinity announced they were closing Mercy hospital.

That announcement has changed everything for me – as it likely has for the rest of Mercy staff and the local residents. Despite my short tenure at Mercy Hospital, my experience there has given me a perspective different from that of legacy physicians and from that of community members who seek to block the sale of this hospital.

As a new member of the medical staff, I don't compare these recent repercussions to the glorious and storied history of Mercy past. I just see the hospital staff and patients as they react today. And while I am a resident of the local community living less than 2 miles from Mercy Hospital, as a member of the hospital staff, I see the pulse of the hospital better than any local community leader.

I have seen first-hand how the day-to-day changing news cycles has affected staff and patients — Mercy to merge, Mercy to close, Mercy denied closure, Mercy claims bankrupt, Mercy to be sold for \$1, Mercy sale opposed, local physicians raise \$1 to buy Mercy. To the staff and patients of Mercy, this is not just a series of headlines, it is Russian Roulette with their lives and livelihood.

Patients and staff at Mercy have never wanted it to close. Period. Yes, it would have been nice for Trinity to stay. It would have been great for another hospital to run it. It would have been pretty much nice if anyone had stepped up to save it... but no one did. For a year. One nurse told me over the summer. "I know Mercy is closing because we don't hear any elected officials talking about saving it."

Now in the eleventh hour, with a possibility of the hospital being sold and kept open, some members of local community are trying to block its sale. "Where were all these concerned community members over the past year?", one nurse mused.

When a patient goes into cardiac arrest, we take extraordinary steps to intervene, even though we understand that cracked ribs and prolonged intubation are serious risks. But those risks don't prevent us from deploying those extraordinary measures. Because we know that without these extraordinary steps, death is imminent and cracked ribs is better than death.

Mercy Hospital is like that patient in cardiac arrest. Each day, a new part of the hospital dies. The proposed buyer, Insight, is an experienced but admittedly new group that comes in, and seeing the hospital dying, offers extraordinary measures that may save the hospital. Refusing this help, or delaying treatment by summoning help from afar, will ensure the death of this hospital. And with this hospital death will be the change in the lives of local residents and staff, like myself. I urge the Board to approve the change of ownership application.

Yousuf Sayeed MD, MBA