

January 26, 2022

**Re: Exemption E-056-21, Hearing on Request to Close Inpatient Services at Javon Bea Hospital - Rockton on N. Rockton Avenue**

To Whom It May Concern:

We submit this statement as medical students at Rockford's campus of the University of Illinois College of Medicine, which also trains nursing, pharmacy, and biotechnology students locally. We are writing independently of our school's administration (the views expressed herein do not necessarily represent the views of the College of Medicine).

As medical students, we actively volunteer across the Rockford community in myriad ways, including through the Bridge Clinic, GiGi's Playhouse, the Peace Center, Northern Illinois Hospice, several local schools, food pantries, and hospitals. We help take care of our city during our clerkship rotations throughout the region's hospitals and clinics. During the COVID-19 pandemic, we have assisted with testing and vaccination activities. Like all Rockfordians, we live across the city's dividing lines and neighborhoods, both on the East and West Sides. As students, we are very much embedded - and invested - in Rockford, its economy, its politics, its health, and its future. And as future physicians and leaders in our healthcare system, we are very, very disturbed at the prospect of the West Side losing access to inpatient services, as proposed by Mercyhealth.

In support of ending inpatient services, Mercyhealth has argued that Rockford has too many inpatient beds, that too few of them are used on the Rockton campus, and that inpatient services at that facility should be closed. In November 2021, Mercyhealth claimed that the Rockton campus averages only two inpatients per day. If true, the lack of beds used is not necessarily a reflection of the community's lack of need and does not support the closure of inpatient services. Relatively fewer beds may be used at Rockton due to Mercyhealth siphoning off resources from Rockton to neighboring facilities even before the termination of inpatient services at this site. Indeed, many essential services at the Rockton campus have been closed or decreased within the past two years, such as the closing of the inpatient Mental Health Unit and the PICU, transferring emergency medicine services to the Riverside campus, and reducing the types of Medicaid accepted. Therefore, it would not be surprising if Mercyhealth has seen a decrease in occupied inpatient beds on the Rockton campus. Further, the decision to staff Rockton with one on-call physician and nurses post-closure, as reported in the *Rock River Current* in January 2022,<sup>1</sup> will only exacerbate the problem, resulting in fewer and fewer people in the community being able to rely on the Rockton campus for their care—not due to lack of need, but rather lack of hospital resources.

Moreover, it is important to note that there has been a downtick in inpatient admissions nationally, not just at Rockton, as the COVID-19 pandemic has persisted. According to the CDC and Kaiser Family Foundation, forty-eight percent of people surveyed reported that between March 29, 2020, and April 25, 2020, they or their families delayed seeking medical care due to the pandemic. There was a 42% drop in emergency visits compared to a similar period the previous year.<sup>2</sup> This data suggests that the decrease in occupied inpatient beds may be due to other factors, such as fear of contracting COVID-19 and a delay in the pursuit of care.

Additionally, although Mercyhealth argues that it continues to invest in communities, it does so at the expense of the greater Rockford/Winnebago County community. In a press release on its website from June 2021, Mercyhealth disclosed its ceremonial groundbreaking on a new clinic and hospital with emergency services in suburban Crystal Lake, IL. The \$105-million facility will have private inpatient and intensive care suites, surgery suites, emergency care, diagnostic services, and primary and special care physician offices. The press release boasts that “the emergency department will be staffed 24/7 with board-certified emergency physicians, and will be capable of treating and stabilizing the full range of conditions.”<sup>3</sup> In contrast, as mentioned above, Mercyhealth has drained the Rockton campus of essential services, leaving the West Side and the western half of Winnebago County with fewer and fewer resources. Mercyhealth contends that if able to close inpatient services at Rockton, “it would still be able to care for the same *total number* of patients and [that] no jobs would be lost” by consolidating services (*emphasis added*).<sup>1</sup> But certainly, Mercyhealth expects to lose Rockton patients to surrounding hospital systems and gain patients from the areas in which it expands, essentially trading a portion of its patient base. By terminating much-needed services at the Rockton campus, Mercyhealth can expand its reach across the region and improve access for some, but at the expense of a community in great need.

Notably, the decision to render the Rockton campus as outpatient-only disproportionately creates barriers to access for Black and Hispanic/Latino Rockfordians while expanding and investing in the Riverside campus and building new Crystal Lake facilities disproportionately benefits white patients. This is plain to see based on the significant differences in demographics between the Riverside and Rockton campus locales (See Table 1, following page).<sup>4,7</sup> We commend Mercyhealth for expanding services wherever it can to help whomever it can. However, it is not only reasonable but crucial that we as a medical community question decisions that harm groups that have historically suffered and continue to suffer from barriers to care, and hold Mercyhealth accountable for its role in shaping this vulnerable community’s healthcare.

**Table 1.** Racial demographics and median income of Rockton campus area, Riverside campus area, and Crystal Lake.

<b>Area</b>	<b>Black</b>	<b>Hispanic/ Latino</b>	<b>White, non-Hispanic</b>	<b>Median Income</b>
Winnebago County, Ill., Block Group 002600-1 ( <u>Rockton area</u> )	33.2%	38.1%	24.2%	\$20,00
Winnebago County, Ill., Block Group 000512-1 ( <u>Riverside area</u> )	4.5%	0.0%	95.2%	\$49,500
<u>Crystal Lake, Ill</u>	1.6%	13.3%	80.6%	\$87,578

The COVID-19 pandemic has disproportionately impacted communities of color and per data collected by the Winnebago County Health Department (WCHD), Rockford and Winnebago County at large are no exception to this. A December 2021 update from the WCHD shows that COVID-19 cases for Hispanic/Latinos are 3x that of white residents and that cases among Black residents are approximately 1.5x that of white residents.<sup>8</sup> A soon-to-be-published study examining data from the National Center for Health Statistics (NCHS) and the United States Census Bureau regarding 2020 cause-specific mortality by race and ethnicity found “additional evidence of a distressing COVID-19 mortality disadvantage absorbed by the Hispanic population, with Hispanic working-age men experiencing the largest percentage increases in all-cause mortality. Black individuals, on the other hand, in addition to the sizable contribution of COVID-19 to a mortality increase in 2020, had exceptionally large increases in non-COVID-19 causes of death during the pandemic, including from heart disease, diabetes, and external causes, reinforcing the importance of assessing these deaths to fully account the pandemic's disparate impacts on population health”.<sup>9</sup>

To be clear, we do not attribute the health problems experienced by people of color to some mysterious racial gene. Rather, we recognize that historical and present-day inequities, such as poorer access to healthcare, fresh, nutrient-dense healthy food, clean air, safe neighborhoods, livable wages, and education for racial and ethnic minorities, contribute to poorer health outcomes for these groups. COVID-19 has exposed the impact of these disparities. Given these statistics and factors, why mercilessly remove emergency medical and surgical services from the part of the city where people of color are present in large numbers?

Mercyhealth’s proposal to terminate inpatient services at the Rockton campus would exacerbate health inequities for communities served by that hospital. Despite Mercyhealth’s claim that it can continue to serve the same number of patients post-consolidation, hospital and ambulance diversion from the Rockton to Riverside campus would likely negatively contribute to the health of diverted patients. Hsia et al. (2017) “found that hospitals treating a high share of

black patients with acute myocardial infarction were more likely to experience diversion and that black patients fared worse compared to white patients experiencing the same level of emergency department crowding as measured by ambulance diversion. The ninety-day and one-year mortality rates among blacks exposed to high diversion levels were 2.88 and 3.09 percentage points higher, respectively, relative to whites, representing a relative increase of 19 percent and 14 percent for ninety-day and one-year death, respectively. Interventions that decrease the need for diversion in hospitals serving a high volume of blacks could reduce these disparities.”<sup>10</sup>

Diverting patients from Rockton to the Riverside campus, as Mercyhealth has supposed, would likely increase patient morbidity and mortality, as Hsia et al. found. The shortest distance between these campuses is about 8.5 miles or approximately 20 minutes.<sup>11</sup> During medical emergencies such as strokes, heart attacks, and motor-vehicle accident traumas, every minute is crucial. The additional time required for an ambulance to travel between campuses could easily result in tragic and needless deaths or contribute to clinical complications. Moreover, time spent diverting instead of treating patients increases the excruciating pain, suffering, fear, and uncertainty that patients experience. Additionally, Mercyhealth's decision to terminate inpatient and surgical services at the Rockton campus would contribute to preventable death and disability, placing emotional strain not only on patients and their families but also on psychologically overburdened first responders.

Further, diverting patients from the Rockton campus to other hospitals encumbers patient families. Being in hospitals is routine for many medical professionals, but often, it is a very concerning time for patients. Family support and encouragement not only make hospitalization more palatable but also improve patient outcomes.<sup>12</sup> Therefore, it is important that patients have family and other loved ones nearby for support and encouragement. By depriving the Rockton campus of emergency and in-patient services, Mercyhealth would create additional burdens for already strained and concerned families by requiring that they travel upwards of 40 minutes roundtrip between their homes on the West Side or Western half of Winnebago County and the Riverside campus for updates and visits with their hospitalized loved ones. For an already overtaxed community for whom transportation, money for gas, excused leave from work, and childcare could pose significant obstacles, the decision to divert from the Rockton to Riverside campus could have tangible consequences.

We cannot overstate the significance of the Rockton campus's inpatient beds to the community. Rockford's West Side, and the Western half of Winnebago County overall, have long suffered from lack of investment. The proposed consolidation of inpatient services with Mercyhealth's Riverside campus would only further deprive a working-class, Black, and Hispanic/ Latino population that already suffers from hardships and inequities heightened by the pandemic. The proposed changes by Mercyhealth would arrive in the wake of the 2020 closure of its inpatient psychiatric services at Rockton, during a time when mental health and substance

use disorders ranked amongst the nation's top public health challenges.<sup>13</sup> It is far better to be over-prepared for disaster than to be underprepared. Nationally, healthcare systems have been underprepared to handle the COVID-19 pandemic, and Mercyhealth's proposal reflects not only under-preparedness but shortsightedness.

Additionally, the COVID-19 pandemic has provided clear evidence on a national scale of society's distrust of the fields of medicine and public health. When the community first raised fears about closures concerning the Rockton campus, Mercyhealth promised that there would be no shutdowns.<sup>1</sup> Now, Mercyhealth has turned back on its word and plans to close essential services at Rockton. Ironically, it is CEO Javon Bea, who grew up on Rockford's far west side, himself having once worked at Rockford Memorial Hospital before it was acquired by Mercyhealth, who is removing emergency, inpatient, surgical, and psychiatric services from the same community in which he grew up.<sup>14</sup> If carried out, this will further portray the medical profession in a negative light and lend credence to this community's valid distrust in the medical field. We must restore and strengthen this trust and not damage it further.

In conclusion, we wish to reiterate that it is unjust to remove critical services from the Rockton campus in the name of frugality while spending even more money to provide those services to other communities. The proposed closure will increase morbidity and mortality for patients on the West Side and rural areas of Northwestern Illinois who rely on the Rockton campus. Lastly, considering national health disparities and distrust of the medical profession, it would be imprudent, unkind, and unjust to exacerbate problems faced by an underserved community by closing the hospital at Rockton Avenue. For the aforementioned reasons, closure of emergency and in-patient services at the Rockton campus would be a foul stain upon the honor of the medical profession and we implore the Illinois Health Facilities and Services Review Board to ensure that the Javon Bea Hospital-Rockton's emergency and in-patient services remain open and fully staffed.

Sincerely,

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