
# Transcript of Public Hearing

**Date:** February 16, 2023
**Case:** State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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IN RE: Public Hearing :
Regarding an Application :
for Permit for a Proposed :
Construction and/or :
Modification Project from :
Northwestern Medicine :
Bronzeville MOB : Project 22-046

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PUBLIC HEARING in accordance with requirements of the Illinois Health Services Planning Act

Conducted remotely

Thursday, February 16, 2023

10:05 a.m. CST

Job No.: 480556

Pages 1 - 27

Reported by: Kristine Wesner, CVR

Public hearing, held remotely.

Pursuant to agreement, before Kristine Wesner, Certified Verbatim Reporter, and Notary Public in and for the State of Illinois.

A P P E A R A N C E S

PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD, represented by:

JOHN KNIERY, Public Hearing Officer

GEORGE ROATE, IDPH Staff

MICHAEL CONSTANTINO, IDPH Staff

DOUGLAS DORANDO, IDPH General Counsel

ANN GUILD, Compliance Manager

525 West Jefferson Street, Second Floor
Springfield, Illinois 62761
217.782.3516

ALSO PRESENT:

Bridget Orth, applicant

Christina Dietz, applicant

Anne Igoe, SEIU Healthcare

Casandra Williams-Jenning, SEIU Healthcare

Kim Smith, SEIU Healthcare

Marcus Buell, SEIU Healthcare

P R O C E E D I N G S

MR. ROATE: Okay. Good morning. My name is George Roate. I am accompanied by Mr. John Kniery, administrator, and Mr. Mike Constantino, senior reviewer, and Ms. Ann Guild, rules coordinator. We are from the Illinois Department of Public Health and represent the Illinois Health Facilities and Services Review Board. We're here to conduct a public hearing on the proposed project known as Project 22-046: Northwestern Medicine Bronzeville Medical office building. As per the rules of the Illinois Health Facilities and Services Review Board, I would like to read the legal notice into record.

In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt to establish a medical office building in Chicago, Project 22-046: Northwestern Medicine Bronzeville Medical Office Building, Chicago. Applicants: Northwestern Memorial Healthcare. The applicant proposes to establish a medical office building in 126,602 gross square feet of newly constructed space, located in the 4800 block of South Cottage

Grove Avenue, Chicago. Project cost: $163,250,000.

A public hearing will take place pursuant to Illinois Code 20 LCS 3960. The hearing is scheduled for Thursday, February 16th, 2023, at 10 a.m. at 69 West Washington Street, Chicago. The public hearing is to be held by the Illinois Department of Public Health, pursuant to the Illinois Health Facilities Planning Act. The hearing is open to the public and will afford an opportunity for parties with interest to present written and/or verbal comment relevant to the project.

All allegations or assertion should be relevant to the need for the proposed project and be supported with two copies of documentation or materials that are printed or typed on paper size 8-and-half-by-11 inches. Consideration by the State Board has been tentatively scheduled for the May 9th, 2023, Illinois Health Facilities And Services Review Board meeting.

If you have not done so, please sign in using the appropriate registration forms. One forms is for individuals want to provide testimony

in favor of the project. Another form is for people to provide testimony who oppose the project, and the last form is for individuals to register their attendance who do not wish to testify. I have all names registered in, and I will fill out the registration form for everybody here present at this hearing.

To ensure that the Illinois Health Facilities and Services Review Board's public hearings protect the privacy and maintain the confidentiality of an individual's health information, covered entities -- as defined by the Health Insurance Portability Act of 1996 -- such as facilities, hospital providers, health plans, and health care clearinghouses, submitting oral or written testimony that discloses protected health information of individuals, shall have a valid, written authorization from that individual. The authorization shall allow the covered entity to share the individual's protected health information at this hearing.

Those of you who came with prepared text for your presentation may choose to submit that text without giving testimony. However, if

you're giving oral testimony, we ask that you limit your presentation to four minutes.

As per the legal notice, I would appreciate two copies of your testimony. When you make your presentation please give the court reporter the spelling -- the spelling of your complete name. If there's a chief spokesperson for the applicant, we would like that individual to make the first presentation. The remaining testimony will be taken in the order of the names on the registers. Please hold your questions at all testimony is presented.

Is there someone from -- is there somebody from the applicant party who wishes to make the first presentation.

MS. ORTH: Yes.

PUBLIC HEARING OFFICER KNIERY: Before we go there, I'd like to make a statement.

MR. ROATE: Sure.

PUBLIC HEARING OFFICER KNIERY: Our rules required in-person, in-community public hearings to be held. Outside of that, we do -- we understand current-day, but the Governor and the President are ending the COVID emergency, so this

is not going to be something that we can continue in terms of not having it in person, moving forward. We're happy to make the accommodation today, but I just want that to set the record straight. I'm sorry.

Bridget, if you want to proceed.

MS. ORTH: Okay. Good morning. I'm Bridget Orth, Director of Regulatory Planning for Northwestern Medicine. At Northwestern Medicine, we are committed to delivering better medical care to make a positive difference in peoples' lives and communities. With 11 hospitals and more than 200 locations across Chicagoland, our team of more than 33,000 staff members, physicians, and medical students believes in our mission to put patients first in everything we do.

Northwestern Medicine serves a broad range of communities and has a long history of expanding access to health care. Over the past several years, we have invested in several outpatient sites, close to where patients live and work to ensure convenient access to world-class care. These advanced outpatient centers deliver high-quality preventative and routine care most

needed by the community while removing barriers to care, such as transportation.

In 2019, a review of patient data shows that about 1,000 people from Bronzeville and the surrounding areas must leave their local community each day to seek care at Northwestern Medicine. Among these residents, the majority, nearly 84 percent, travel to a Northwestern Medicine site for an outpatient visit. After reviewing this data and considering our long-term partnership with Bronzeville and the surrounding communities, we made the decision to plan for an outpatient center in Bronzeville. The center's expected to serve more than 70,000 patients and family members from Bronzeville and nearby communities each year.

The Northwestern Medicine mission goes beyond delivering world-class health care. We want to be part of building stronger, healthier neighborhoods. For more than 20 years in Bronzeville and surrounding areas, we have partnered with local organizations, such as Near North Health and Bright Star Community Outreach that share our vision.

Approximately 1,000 construction and

100 health care and related jobs will be created by this project. In 2020, we hired a new recruitment manager to identify job candidates from Chicago's south and west side. This will help ensure that patients in Bronzeville will be treated by an inclusive workforce, including nurses and physicians that mirrors the diversity in the community.

Northwestern Medicine is honored to care for patients from Chicago's south side, and we are excited to be a part of improving the health and well-being of residents in Bronzeville and the surrounding communities. We are committed to addressing priority health concerns, improving health equity, and supporting youth education. Building the center in Bronzeville will be an extension of this work and indicates our dedication to residents of the south side for generations to come.

We look forward to our review by the Health Facilities and Services Review Board March 21st. Thank you.

MR. ROATE: Thank you.

Next, the Board asks for Ms. Anne Igoe

to speak.

MS. IGOE: Let me make sure that the microphone is -- so you can hear us well.

Can you hear us?

PUBLIC HEARING OFFICER KNIERY: Yes.

MS. IGOE: Can you hear us? Okay.

Good morning. My name is Anne Igoe, spelled A-N-N-E; last name, I, G as in George, O-E. And I am here today, representing SEIU Healthcare Illinois, a union of 90,000 home care, child care, nursing home, and hospital workers, including service, maintenance, and technical employees at Northwestern Memorial Hospital.

Northwestern is currently seeking permission to build a 163 million outpatient center in Bronzeville, which will be its first facility of any kind serving the south side of Chicago. The Bronzeville outpatient center will house physician offices, along with desperately needed, non-hospital-based ambulatory care services, including infusions, diagnostic imaging, outpatient rehabilitation, and (indiscernible) patient laboratory. SEIU Healthcare supports the Bronzeville project because it will increase

access to care for Southsiders and assert that it is a long overdue step in the right direction by one of Chicago's leading health systems, who, for far too long, have shunned south and west side communities.

Our union, likewise, asserts, however, that much greater investment is needed from Northwestern Medicine and other big regional health systems to meaningful address -- meaningfully address racial health inequities in Chicagoland, particularly on the south side where these inequities are most pronounced. The Grand Boulevard community area, where Bronzeville is located, has particularly stark racial health inequities compared to Chicago as a whole and especially to the Near North Side community area, which is home to Northwestern Memorial Hospital, the systems -- the health system's flagship facility and only short-term acute care hospital in Chicago proper.

These persistent racial health inequities stem largely from social determinants of health, including poverty, divestment, and systematic racism. In the written comments that

I'm presenting, there'll some bar graphs on this. According to Chicago Health Atlas, more than a quarter of Grand Boulevard residents -- 26.2 percent -- live below the poverty line compared to 17.1 percent in Chicago, and only 9.6 percent in the Near North Side. And nearly two in five households are on food stamps compared to 19.6 percent in Chicago, and only 4.5 percent on the Near North Side.

Grand Boulevard is also 90 percent Black and continues to endure the negative consequences of white supremacy and systemic racism, including housing, segregation, and disinvestment. Factors like the inability to find work that pays a living wage and the enduring effects of systematic racism is among other areas of health care and housing -- is among other areas (indiscernible) contribute to poor health outcomes and perpetuate health inequities, including prevalence of chronic health conditions, mortality, morbidity rates, and life expectancy.

Consequently, Grand Boulevard residents are much more likely than other Chicagoans or Near North Side residents to have asthma, diabetes,

hypertension, and HIV. They're also more likely to have a disability. A staggering 47.8 percent of Grand Boulevard adults suffer from hypertension, and the HIV prevalence in the community is three times that of the Near North Side.

The prevalence of these chronic conditions demonstrate the need for more health care investment in the Grand Boulevard community and across the south and west side. Grand Boulevard and other south and west residents not only suffer more chronic health conditions, but also have greater mortality risk and shorter (indiscernible) on average as (indiscernible) on (indiscernible) as a whole and Near North Side residents. Cancer and other conditions specific mortality rates, in particular, compare starkly to other parts of the city. Grand Boulevard residents are nearly twice as likely to die of cancer than Near North Side residents, and male residents are nearly four times as likely to die of prostate cancer.

Grand Boulevard --

MR. ROATE: Ms. Igoe?

MS. IGOE: Yes?

MR. ROATE: Ms. Igoe, we're at four minutes.

MS. IGOE: Okay. I can finish up. I just have a page left. Thank you.

Grand Boulevard residents suffer disproportionately high mortality from other diseases as well. The community's chronic lower respiratory disease mortality rate is nearly twice that of Chicago and more than three times that of the Near North Side community. The community --

MR. ROATE: Ms. Igoe, please conclude your presentation. Thank you.

MS. IGOE: Now, there's not a long list of folks who are waiting to testify. This is a public hearing. Is there a reason we can't go beyond the four minutes?

MR. ROATE: Yes, ma'am, because everyone is afforded equal opportunity in speaking. Each presentation will be limited to four minutes.

MS. IGOE: I understand that. Yesterday, you -- you did away with the four minutes because there was not a long list of

people waiting to testify.

MR. ROATE: And the list is not necessarily long here, ma'am. We are under time constraints in this meeting today. Yesterday, we had -- we had a little more ample time in the meeting space.

MS. IGOE: I will -- (indiscernible) your decision because we think that the important issues that were also raised by the hospital health system around inequity need to be shared in consideration of this project.

MR. ROATE: Thank you.

Next, the board would like to call Christina Dietz.

MS. DIETZ: I'm just observing today.

MR. ROATE: Okay.

Can Ms. Igoe finish?

PUBLIC HEARING OFFICER KNIERY: Well, there were other --

(Simultaneous speech.)

MR. ROATE: Yeah. Yeah. There's other people who wish to speak. I was just wondering with Ms. Dietz not wishing to speak, can we allow Ms. Igoe to speak --

PUBLIC HEARING OFFICER KNIERY: Yes. Yes.

MR. ROATE: Ms. Igoe, you may finish your -- I apologize. You may finish your presentation.

MS. IGOE: Thank you. I appreciate it.

Grand Boulevard residents have a disproportionately high mortality from other diseases as well. The community's chronic lower respiratory disease mortality rate is nearly twice that of Chicago and more than three times the rate in the Near North Side community. The cumulative result is diminished life expectancy and thousands of years' potential life loss compared to other whiter and more affluent parts of Chicago.

The COVID-19 disproportionately affected low income and communities of color, like Grand Boulevard, in part, by exasperating existing health inequities, which made these communities particularly vulnerable to the pandemic. The Centers for Disease Control and Prevention uses a statistic called the Social Vulnerability Index to assess the presence and impact of these conditions on community health and the risk to vulnerable

populations during a health crisis, like COVID-19 pandemic. According to the CDC, socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household characteristics, racial and ethnic minority status, or housing type and transportation.

When the COVID-19 pandemic hit, these factors proved deadly. Grand Boulevard residents -- more than four times as likely -- were more than four times as likely to be hospitalized and five times more likely to die of COVID-19 than residents of the affluent Near North Side community. This tragic outcome could have mitigated -- been mitigated if Chicagoland's big health systems had spent a fraction of the time and resources building health care infrastructure in Grand Boulevard and other medically vulnerable communities, instead of chasing profits in the suburbs.

Fortunately, it's not too late for Northwestern and other big Chicagoland health systems to do right by these communities. In this light, Northwestern Medicine's proposed

Bronzeville center is a welcomed development that will, hopefully, begin to mitigate the terrible racial and economic health inequities endured by so many south and west side communities with limited access to care. But this must be a first step, not a one-time gesture to deflect from Northwestern's neglect of these communities in the past. We hope and expect this is the only -- this is only the first of many investments by Northwestern in Chicago's medically disadvantaged south side community.

Therefore, SEIU Healthcare supports application to 22-046, with the expectation that Northwestern Medicine will continue to invest resources and build health care infrastructure in Chicagoland's vulnerable communities. Thank you for your time and consideration.

MR. ROATE: Thank you.

Next, the Board wishes to call Casandra Williams-Jenning.

MS. IGOE: Speak into here.

MS. WILLIAMS-JENNING: Oh, okay.

Hello. Can everyone hear me?

PUBLIC HEARING OFFICER KNIERY: Yes.

Thank you.

MS. IGOE: They can hear you. They said thank you.

MS. WILLIAMS-JENNING: Oh. Hi. My name is Casandra Williams-Jenning. Good morning.

I'm here as a member of SEIU and have worked for the Northwestern Hospital for 24 years -- excuse me -- in the environmental services. As a longtime resident on the south side of Chicago, I can attest to how difficult it is to find medical services in our community.

Many of us who live in the Bronzeville neighborhood have to go to health care -- to have care at the University of Chicago for our health care needs, but also time. The waiting time in the waiting rooms, they are so packed that we need -- we end up having to go elsewhere to get treated. When my daughter was recently sick, we had to drive to two different hospitals in order for her to get the health care services she needed. It shouldn't be this hard for a resident who lives in these communities on the south side to receive medical services.

Our communities has needed this kind of

investment for far too long -- one second, please -- and needed this for far too long, and we have suffered due to the health care inequities we are experiencing every day. The same services we provide here at Northwestern Medicine are not the same services available to us in our neighborhood. There is a huge difference in the health system offered by -- offered to us -- one second -- in our neighborhood there -- on the health care system on the south side.

We support the outpatient center in Bronzeville, but also to acknowledge that this needs to be the first step of many if we want to fight the inequities on our south side because this one center will not be enough. We need more investments from Northwestern Medicine and hope that this is only the beginning. Thank you.

MR. ROATE: Thank you, Ms. Jenning. You are in support of the project?

MS. WILLIAMS-JENNING: Yes, I'm in support of this project.

MR. ROATE: Thank you.

MS. WILLIAMS-JENNING: You're welcome.

MR. ROATE: Next, the Board would like

to call Kim Smith?

Ms. Smith?

MS. SMITH: Can you hear me?

MR. ROATE: Yes, ma'am.

MS. SMITH: All right. Good morning. My name is Kimberly Smith, K-I-M-B-E-R-L-Y; last name is Smith, S-M-I-T-H.

I am a member of SEIU, and I've worked at Northwestern for 20 years as a patient care tech for mother/Baby. I want to be clear, in fact, SEIU Healthcare -- my union, our union -- supports the Bronzeville project because it will increase access to south -- Southsiders for care. In fact, every year at our annual town hall at Northwestern, I have asked several times when will they bring something to the south or west side to extend the health system that we have. The vast majority of our bargaining committee at Northwestern live in the south or west side, yet the services offered to us are so different than that are provided to the residents in our wealthy neighborhoods.

As a worker who provides quality care every day at Northwestern, we aren't able to use

those same services for ourselves. If we do want the same services, we have to end up traveling back to Northwestern just to get them. This is a long time and overdue step in the right direction, but it needs to be done in a way that is meaningful and truly addresses the need in our community. So to live on the south or west side and not have quality care is a problem. To have to come to the downtown area to receive it also is an issue that we are addressing.

So we are asking that you not only build an immediate care center, but break ground to build a hospital that can be a Level I trauma center to be able to give that affordable and quality care that is, therefore, then, needed on the south side as well as the west side, to people who should have those same (indiscernible). Thank you.

MR. ROATE: Thank you.

Next, the Board would like to call Mr. Marcus Buell.

MR. BUELL: Good morning. My name is Marcus Buell; M-A-R-C-U-S, B-U-E-L-L. And I have worked at Northwestern Memorial Hospital for

13 years as a housekeeper.

I'm here today because we desperately need more health services on the south side of Chicago. The difference in how hard it is to get medical treatment for those living on the south side are shameful. When I had medical -- I had a medical emergency last year, and I had to come to Northwestern to get treatment. I ended up getting hospitalized for my sickness, but I had to wait over 24 hours in the emergency room before seeing a doctor.

The medical facilities in my neighborhood may be closer, but they offer little to no service. We need more investment from Northwestern Medicine. Your workers need the same services we provide every day at work. The outpatient center in Bronzeville is long overdue, and -- and -- and we need continual investment from here on out. Our residents desperately need these health services there more if we want to get to -- if we want to continue providing best health care to patients in our neighborhood. Thank you.

MR. ROATE: Thank you.

Is there anyone wishing to testify who

has not had an opportunity?

Seeing none. Is there anyone who has testified who wishes to provide additional testimony?

I would remind everyone to submit your written comments to us so that we may have this information for the record. Also this project is scheduled for consideration by the Illinois Health Facilities and Services Review Board at its March 21st, 2023, meeting. The meeting will be held at Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

The public has until March 1st, 2023, to submit written comments. These comments can be sent to my attention at the Illinois Health Facilities and Services Review Board, care of the Illinois Department of Public Health, 525 West Jefferson Street, Second Floor, Springfield, Illinois 62761. If you prefer, you may fax your comments. Our fax number is area code (217)785-4111.

Are there any questions? Seeing that there are no additional questions or comments, I deem this public hearing adjourned.

Thank you.

(Off the record at 10:32 a.m.)

CERTIFICATE OF REPORTER - NOTARY PUBLIC

I, Kristine Wesner, CVR, the officer before whom the foregoing proceeding was taken, do hereby certify that the foregoing transcript is a true and correct record of the testimony given; that said testimony was taken by me and thereafter reduced to typewriting under my direction; that reading and signing was not requested; and that I am neither counsel for, related to, nor employed by any of the parties to this proceeding and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 24th day of February, 2023.


_____

My Commission Expires: July 02, 2025