

October 9, 2024

Dr. Nicolette Alberti, CIR/SEIU member
Re: Application 24-027 Testimony

My name is Dr. Nicolette Alberti, and I am a resident physician specializing in Emergency and Internal Medicine at the University of Illinois-Chicago Hospital, a safety net that provides services that no one else in the state provides. Services like inpatient prenatal mental healthcare and a ward for people who have a combination of severe mental and physical health issues. I chose to practice medicine in Chicago because I am deeply committed to serving diverse communities and addressing the severe healthcare inequities that exist both in our city and across our nation. Unfortunately, during my time as a resident physician, I have witnessed firsthand the devastating consequences of delayed care for many of my underinsured, Medicaid, and non-insured patients, who face overwhelming barriers in accessing basic health care, much less specialists.

We desperately need expanded outpatient, specialty, and cancer care services in the West and South side communities of Chicago. These areas have long struggled with increased healthcare needs due to the compounded effects of economic disinvestment, segregation, and systemic neglect over decades.

The health conditions we manage are severe and life-threatening: chronic lung diseases, cancers such as colorectal, cervical, pancreatic, prostate, and breast cancer, and critical cardiac and ophthalmic conditions. These illnesses require immediate and specialized care, but for many patients, accessing such care is a constant uphill battle. Too often, when patients arrive at local healthcare institutions, they find that the necessary specialists, equipment, or resources are simply unavailable to them because of their insurance status. This leads to lengthy transfers of care to other facilities or outright disenfranchisement from the medical system, further compounding delays in care—delays that can mean the difference between life and death.

This is the daughter who quit her job to take care of her aging parents because they couldn't afford home care. She no longer has insurance and couldn't get that lump in her breast scanned. It is the unhoused person who has no address and therefore can't apply for services letting their wound fester until it means the loss of a limb. It is the gentleman who "was healthy" who came in with metastatic cancer disintegrating his spine. He hadn't sought preventive care and screening because he had no insurance and didn't know how to apply.

These stories are not unique. It is the norm for far too many patients in the South and West sides of Chicago. Meanwhile, Northwestern Health is advancing plans for a new Huntley



Committee of Interns and Residents

SEIUHealthcare®

Medical Office Building in the affluent northwest suburbs. Why aren't we seeing similar investments in Chicago's most vulnerable communities, where the need is far greater?

It is imperative that we create more healthcare options within these underserved neighborhoods. Building facilities and staffing them with specialists in these areas will not just improve access to care—it will save lives. Ensuring equitable investment in healthcare for the South and West sides of Chicago is not simply about fairness; it is a matter of health equity and justice.

Thank you for your time and for considering the urgent need for equitable investment in healthcare resources across all communities in our city.