

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

PUBLIC HEARING FOR
PROJECT NO. 25-013
OSF ST. ELIZABETH
MEDICAL CENTER-OTTAWA

REPORT OF PROCEEDINGS
held at Central Intermediate School,
711 East McKinley Road, Ottawa,
Illinois, on June 10, 2025, at the hour of
4:00 o'clock p.m.

BOARD MEMBERS:

MR. GEORGE ROATE, PROGRAM REVIEWER
MS. DEBRA SAVAGE, BOARD CHAIRWOMAN
MR. JOHN P. KNIERY, BOARD ADMINISTRATOR
MS. SHARIE RYAN, BOARD ADMINISTRATIVE ASSISTANT
MS. JANJANA PIJAL, INTERN
MS. CARMEN CHASTAIN, INTERN

1 MR. ROATE: Good afternoon. My name is George
2 Roate. I am accompanied by Ms. Debra Savage,
3 chairwoman, Mr. John Kniery, administrator,
4 Ms. Sharie Ryan, administrative assistant,
5 Ms. Janjana Pijal and Ms. Carmen Chastain,
6 interns. We are from the Illinois Department of
7 Public Health and represent the Illinois Health
8 Facilities and Services Review Board. We are here
9 to conduct a public hearing on the proposed
10 project known as Project 25-013, OSF
11 Saint Elizabeth Medical Center, Ottawa.

12 As per the rules of the Illinois Health
13 Facilities and Services Review Board, I would like
14 to read the legal notice into the record.

15 In accordance with the requirements of
16 the Illinois Health Facilities Planning Act,
17 notice is given of receipt of a request for a
18 public hearing for Project Number 25-013
19 OSF Saint Elizabeth Medical Center. OSF
20 Healthcare proposes to discontinue the 5-bed
21 intensive care and the 14-bed obstetric categories
22 of service at OSF Saint Elizabeth Medical Center,
23 1100 East Norris Drive, Ottawa, Illinois. There
24 is no cost to this project.

1 The staff of the Illinois Health
2 Facilities and Services Review Board will conduct
3 a public hearing on Tuesday, June 10, 2025,
4 beginning at 4:00 p.m. at Central Intermediate
5 School, Ottawa, 711 East McKinley Road, Ottawa,
6 Illinois 61350.

7 The hearing is an open public meeting at
8 which all parties interested will be afforded an
9 opportunity to present written and/or verbal
10 comments relevant to the project. Please be
11 advised that this public hearing is for Project
12 Number 25-013 exclusively.

13 Allegations or assertions should be
14 relevant to the need for the proposed project and
15 supported by two copies of documentation or
16 materials, preferably printed or typed, on
17 8 and-one-half inches by 11-inch paper.

18 The public hearing is to be held by the
19 Illinois Department of Public Health pursuant to
20 the Illinois Health Facilities Planning Act. The
21 hearing is open to the public and will afford an
22 opportunity for parties with interest to present
23 written and/or verbal comment relevant to the
24 project.

1 THE AUDIENCE: Speak into the mic.

2 MR. ROATE: Okay. All allegations -- thank
3 you, I appreciate that.

4 All allegations or assertions should be
5 relevant to the need for the proposed project and
6 be supported with two copies of documentation or
7 materials that are printed or typed on
8 8 and-one-half by 11-inch paper.

9 Consideration by the State Board has been
10 tentatively scheduled for the August 12th, 2025,
11 Illinois Health Facilities and Service Review
12 Board meeting.

13 If you have not done so, please sign in
14 using the appropriate registration forms. One
15 form is for individuals who want to provide
16 testimony in favor or opposition of the project.
17 The other form is for individuals to register
18 their attendance who do not wish to testify.

19 To ensure that the Illinois Health
20 Facilities and Services Review Board's public
21 hearings protect the privacy and maintain the
22 confidentiality of an individual's health
23 information, covered entities, as defined by the
24 Health Insurance Portability Act of 1996, such as

1 facilities, hospital providers, health plans, and
2 healthcare clearinghouses, submitting oral or
3 written testimony that discloses protected health
4 information of individuals shall have a valid
5 written authorization from that individual. The
6 authorization shall allow the covered entity to
7 share the individual's protected health
8 information at this hearing.

9 Those of you who came with prepared text
10 for your presentation may choose to submit that
11 text without giving testimony. However, if you
12 are giving oral testimony, we ask that you please
13 be as brief as possible. Due to the number of
14 individuals who have expressed an interest in
15 providing testimony, we must limit each
16 presentation to two minutes.

17 As per the legal notice, I would
18 appreciate two copies of your testimony when you
19 make your presentation. Please give the court
20 reporter the spelling of your complete name.

21 We have identified a chief spokesperson
22 for the applicant, and we would like that
23 individual to make the first presentation. The
24 remaining testimony will be called in the order of

1 the names on the register. Please hold your
2 questions until all testimony is presented.

3 At this time I would like to go ahead and
4 call Mr. August Querciagrossa.

5 MR. QUERCIAGROSSA: Good afternoon. I am
6 August Querciagrossa, A-U-G-U-S-T,
7 Q-U-E-R-C-I-A-G-R-O-S-S-A, and I currently serve
8 as the chief executive officer for Western -- for
9 the Western Region of OSF Healthcare.

10 Thank you for this opportunity to speak
11 today.

12 This public hearing is to address the
13 proposed discontinuation of the ICU and inpatient
14 obstetric services at OSF Saint Elizabeth Medical
15 Center in Ottawa.

16 Originally, this service change was a
17 part of a broader permit application, 24-013, for
18 the comprehensive discontinuation of the existing
19 OSF Saint Elizabeth Medical Center in Ottawa. OSF
20 proposed building a replacement hospital in Ottawa
21 and, as the State Board is aware, we have not
22 gained support from the City of Ottawa at this
23 point.

24 In March of 2025 we requested and were

1 granted a 12-month extension for this project.
2 The original replacement hospital project proposed
3 replacing the current aging facility with a
4 smaller state-of-the-art facility that reflects
5 the modern standards of care and the evolving
6 needs of our community. This replacement facility
7 would not include ICU or inpatient OB services,
8 which are instead being centralized to OSF
9 Saint Elizabeth Medical Center in Peru.

10 Permit applications for the replacement
11 facility and the eventual discontinuation of the
12 existing Ottawa campus were submitted in March and
13 April of 2024.

14 In April of 2024, OSF Healthcare
15 submitted a third related application regarding
16 centralizing ICU and OB services in Peru. This
17 application centered on expanding the ICU beds in
18 Peru from 4 to 8. That application was approved
19 unanimously in August of 2024, and since that time
20 work has been accomplished to construct the new
21 8-bed ICU in Peru. We expect the Peru ICU will be
22 ready for IDPH approval this summer with an
23 anticipated opening --

24 MS. SAVAGE: Two minutes.

1 MR. QUERCIAGROSSA: I didn't think we had that
2 on the opening.

3 Thank you.

4 MR. ROATE: Next, the State Board would like
5 to call Ms. Dawn Trompeter.

6 MS. TROMPETER: Dawn Trompeter. D-A-W-N
7 T-R-O-M-P-E-T-E-R.

8 Hi. I'm Dawn Trompeter, President of
9 OSF Saint Elizabeth Medical Center.

10 I would like to begin by providing
11 important context for today's discussion on the
12 discontinuation of ICU and OB services at OSF
13 Saint Elizabeth Medical Center in Ottawa. I will
14 outline the progress at our Peru location, and
15 share current data on patient volumes and future
16 bed capacity, topics we know are top of mind for
17 the community, and highlight enhanced services
18 being introduced as part of our regional model of
19 care.

20 As part of the Illinois Health Facilities
21 and Services Review Board's approval of the Peru
22 project last August, OSF has been implementing a
23 phased approach to re-establish and expand
24 hospital services in the central part of the

1 region.

2 Over the past year we've opened 12
3 med/surg beds, part of the reopening of the
4 Saint Margaret -- former Saint Margaret's Hospital
5 that closed in 2023. In August, that number will
6 go to 45 beds.

7 The emergency department and outpatient
8 services opened last year, and just last month we
9 resumed surgeries.

10 In August, an 8-bed ICU and 11-bed OB
11 units in Peru will open, consolidating those
12 services currently in Ottawa.

13 The larger sized intensive care services
14 supports the recruitment of four
15 pulmonary/critical care physicians, enhancing the
16 breadth and depth of ICU care that cannot be
17 accomplished in two smaller sized units and allow
18 us to serve more patients closer to home.

19 The recruitment of the pulmonologists
20 will also bring much needed pulmonary services to
21 the region in addition to our current specialties
22 of cardiology, neurology, gastroenterology,
23 orthopedics, general surgery, OB/Gyne, and other
24 specialties already offered.

1 As we began evaluating inpatient bed need
2 over 3 years ago, we focused on how to best align
3 those services.

4 MS. SAVAGE: Time.

5 MR. ROATE: Next, the State Board would like
6 to call State Representative Amy Briel.

7 MS. BRIEL: Hello and thank you. My name is
8 Amy, A-M-Y, Murri, M-U-R-R-I, Briel, B-R-I-E-L. I
9 am a citizen of Ottawa and also the State
10 Representative for the 76th Ottawa district.

11 Thank you for having this meeting.

12 Today, I am going to ask you to deny the
13 Certificate of Need and require the firm two
14 potential issues that we face. The plan after one
15 year is still very light on the details and heavy
16 on (inaudible).

17 Copies of a questionnaire that have been
18 provided to you show how much, or should I say how
19 little, progress has been made in discussions over
20 the past year. The regional (inaudible) of Ottawa
21 is not based off of existing plans or data. What
22 they explained to us is this new concept puts us
23 at the forefront, but what I say is it creates
24 uncertainty and unanswered questions. I find it

1 very hard to believe there are no answers to so
2 many of these questions.

3 OSF does have a financial team and that
4 financial team has executives, you would think
5 that they would know answers to every single one
6 of these questions and be able to provide them for
7 us, but they do not.

8 As a state, we face incredible challenges
9 and uncertainty from the federal government.
10 Uncertainty is not our friend and at the time when
11 uncertainty is so rampant, this creates
12 uncertainty in our community.

13 OSF has failed to negotiate in good faith
14 with leaders in our community, with organizations
15 and businesses, they are not able to work with all
16 of those, they failed to have any movement, as you
17 can see, on what our requests are.

18 As a legislator, if I proposed this bill
19 to any one of my 117 colleagues, they would look
20 at me, chuckle, and go "Come back when it's
21 finished."

22 Thank you.

23 MR. ROATE: Next, the Board would like to call
24 Mr. Jay McCracken.

1 MR. McCracken: Jay McCracken. J-A-Y

2 M-c-C-R-A-C-K-E-N.

3 Good afternoon, everyone. I am Jay
4 McCracken, the Ottawa Area Chamber of Commerce
5 Executive Director.

6 I begin with my expression of
7 appreciation for the opportunity to share this
8 public hearing. We know you are very busy, so we
9 are very grateful for your time and attention to
10 this very important topic.

11 I am going to keep my message very brief
12 by summarizing three points.

13 Point Number 1. When the 12-month
14 extension was determined as the best way to allow
15 time to study statistics regarding our hospital's
16 future, it seems the only way to receive accurate
17 and reliable data would be to not remove services
18 from the Ottawa Saint Elizabeth Hospital until the
19 culmination of the 12-month time period. If
20 services are eliminated in Ottawa during this
21 time, of course the data will be skewed. If both
22 hospitals offer the same services during that
23 time, then the data should be much more reliable.
24 How can we compare apples-to-apples, as the saying

1 goes, if we discontinue services prior to the
2 12-month time period?

3 Point Number 2. Our City of Ottawa and
4 the Chamber have implemented a program called
5 Pathways to Progress. We visit with local
6 industries to determine how we can better help
7 them succeed. One comment that has been made
8 concerns the need for a full service hospital
9 within 10 minutes of certain industries that we
10 have in our community. We have a strong,
11 diversified set of industries here, and we truly
12 need a full service hospital close by within 10
13 minutes.

14 Point Number 3. Our community has
15 demonstrated growth, and there are numerous
16 projects being planned in our city, the largest
17 community in the area. As stated many times, the
18 majority of the population lives on the eastern
19 side of Route 39, so it does not appear to make
20 good business or healthcare sense to remove
21 numerous services in our most populated community.

22 Again, I thank you for the opportunity to
23 share these 3 crucial points. We truly appreciate
24 your sincere consideration of our concerns.

1 Thank you.

2 MR. ROATE: Next, the Board would like to call
3 Mr. Dave Noble.

4 MR. NOBLE: My name is David Noble, N-O-B-L-E,
5 I am the Director of Community Development for the
6 City of Ottawa.

7 I urge you to not prematurely approve the
8 closure of the Ottawa ICU, or even consider it,
9 until there's been a 6-or-7-month overlap of
10 services between Ottawa and Peru. By then, the
11 12-month deferral of OSF's other CON request will
12 expire and a more informed decision on both can be
13 made.

14 Even though OSF is building in Peru, they
15 are on a path of extreme downsizing, leading to
16 long wait times. Many report waiting 6 months or
17 more for appointments or procedures. Shrinking
18 staff and facilities ensures OSF operates at full
19 capacity and maximum profitability, leaving no
20 room for surges in community need. The plan
21 relies on ICUs in Mendota and Princeton that
22 remain unmanned and effectively closed. And as
23 such, it doesn't meet average demand, much less
24 peaks in need. This doesn't seem to concern OSF.

1 The greatest impact will fall on those
2 without alternatives. Patients with financial
3 means can seek care elsewhere, but low-income
4 residents, especially in areas like Ottawa and
5 Streator, will face long delays and multiple
6 transfers. Downsizing will deepen between those
7 who can afford to access timely care and those who
8 cannot.

9 OSF is relocating its primary hospital
10 facilities from a lower-income area to a wealthier
11 one, shifting away from poorer pay structures. In
12 doing so, they are abandoning vulnerable
13 populations and many would see this as an
14 environmental justice issue.

15 OSF's demand predictions are
16 unrealistically low and will result in severe wait
17 times for those mostly in need. Existing
18 facilities should not be closed until their demand
19 estimates have been tested.

20 We are not against OSF. We want more
21 OSF.

22 Thank you.

23 MR. ROATE: Next, the Board would like to call
24 Mr. Eugene Lee.

1 MR. LEE: Good afternoon, everybody.

2 AUDIENCE MEMBERS: Get close to the mic, Gene.

3 MR. LEE: Is it all right now?

4 COURT REPORTER: I can't hear you.

5 MR. LEE: You can't hear me?

6 COURT REPORTER: No.

7 MR. LEE: Can everybody hear me?

8 AUDIENCE MEMBERS: Louder. We can't hear.

9 Closer.

10 MR. LEE: Most of the stuff I wanted to talk
11 about has already been covered. Thank you for the
12 opportunity.

13 One thing that I can say is all these
14 doctors and everything that get laid off now, the
15 pressure on the people that work there, what are
16 they supposed to do, wait until the new hospital
17 is built? You know what's going to happen? They
18 are going to get hired away. Peru will get our
19 best doctors, and other townships.

20 One thing I didn't hear covered is
21 people --

22 AUDIENCE MEMBERS: Could you please speak
23 louder?

24 MR. LEE: (Inaudible.) What kind of a

1 hospital it is. I've been in both, in Peru and
2 Ottawa, I know.

3 I shouldn't probably say this, but OSF is
4 (inaudible.) With every hospital you go to, the
5 price is going to go up. I say again, keep the
6 hospital open.

7 That's all I have to say. Thank you very
8 much.

9 MR. ROATE: Next, the Board would like to call
10 Ms. Meanne Stevens.

11 MS. STEVENS: M-E-A-N-N-E S-T-E-V-E-N-S.

12 Can you hear me?

13 AUDIENCE MEMBERS: Yes.

14 MS. STEVENS: Hi. I am Meanne Stevens, I am a
15 retired CNO at Saint Elizabeth Medical Center and
16 I oppose OSF's plans to close our OB and ICU.

17 Pregnant patients rely on the proximity
18 and expertise of an OB unit to ensure safe
19 deliveries. This year our OB unit had been
20 awarded the Blue Cross Distinction designation for
21 superior patient outcomes delivered in an
22 affordable manner.

23 As a safety net hospital, we serve a
24 higher proportion of low-income and uninsured

1 patients. Many face transportation challenges and
2 financial constraints, likely increasing the use
3 of the ED when in labor.

4 The ED lacks the staff and expertise for
5 deliveries and complications. Who will be
6 competent enough to handle obstetrical and fetal
7 emergencies? Additionally, without inhouse
8 after-hour surgical support, risks of poor
9 outcomes will increase.

10 Without an acceptable -- accessible OB
11 department, we risk tragic or irreversible
12 outcomes for both mom and baby.

13 OSF is also seeking to close our ICU,
14 citing that it's too difficult to maintain
15 competency in a 5-bed unit. Ironically, Ottawa is
16 the only OSF facility to receive Healthgrades 2025
17 Critical Care Excellence Award for superior
18 clinical outcomes.

19 In addition, during COVID, Ottawa
20 accepted and managed ventilator patients not just
21 locally but also from out of state. Does that
22 sound like a unit with competency concerns?

23 Legislators, including Duckworth and
24 Durbin, are concerned that bed closures are being

1 driven by profit margins and hold the potential to
2 strip patients of critical and specialized care,
3 impose additional barriers to assessing care and
4 exacerbate the existing healthcare needs in the
5 communities these hospitals serve. These concerns
6 could become a reality for us.

7 MR. ROATE: Next, the Board would like to call
8 Mr. Brian Rosborough.

9 DR. ROSBOROUGH: Brian, B-R-I-A-N,
10 Rosborough, R-O-S-B-O-R-O-U-G-H.

11 I am Dr. Brian Rosborough, retired
12 physician and former CMO at OSF Saint Elizabeth.

13 Since the Saint Margaret Health System
14 hospitals closed, OB deliveries in Ottawa have
15 increased to over 650. However, 60 to 70 percent
16 of these deliveries were already being done in
17 Ottawa prior to the closure.

18 During the COVID pandemic, the ICU
19 accepted referrals of patients needing mechanical
20 ventilation from local as well as out-of-state
21 hospitals. This ICU was also recognized by
22 Healthgrades with the 2025 Critical Care
23 Excellence Award.

24 Yet, OSF's plan is to shift these

1 services to Peru.

2 I continue to have concerns about the
3 sustainability of their plan to staff a rural ICU
4 with intensivists and inequitable distribution of
5 ICU beds east of I-39 in LaSalle County.

6 A recent international study suggested
7 that hospitals without an ICU but with
8 intermediate care beds have increased mortality
9 rates. This is the OSF plan for Ottawa.

10 When OSF submitted their original 3 CON
11 applications, they asked that they be considered
12 in aggregate. They then lobbied successfully to
13 have the Peru application heard separately.
14 Unfortunately, the Board did not have a chance to
15 hear or understand the impact of closing OB and
16 ICU in our community before making their decision.

17 On Page 7 of this project application,
18 OSF states the following:

19 "Permit Applications 24-011 and 24-013
20 have been deferred; hence, the need for this
21 permit application to enable the discontinuation
22 of ICU and OB this summer at SEMC-Ottawa."

23 If OSF was granted an unprecedented
24 1-year referral, how can the Board allow them to

1 do an end around that deferral?

2 I hope the Board denies this permit
3 application.

4 MR. ROATE: Next, we call Ms. Jeanne
5 Armstrong.

6 MS. SAVAGE: And we ask that everybody not
7 clap. Otherwise, we are not going to have time to
8 hear everybody.

9 MS. ARMSTRONG: Can you hear me?

10 AUDIENCE MEMBERS: Yes.

11 MS. ARMSTRONG: I'm okay that you don't
12 applaud.

13 My name is Jeanne Armstrong. J-E-A-N-N-E
14 A-R-M-S-T-R-O-N-G. I would like to thank you for
15 the opportunity to speak today.

16 I am a retired teacher who spent years
17 conducting assessments to better understand my
18 students' needs, learning styles and strengths to
19 improve my instruction. When methods were
20 successful, I continued using them. When they
21 weren't, I changed things. One of the most
22 successful ways of monitoring this was to listen
23 to my students.

24 Nonprofit hospitals are required to

1 conduct similar assessments every 3 years. A
2 community health needs assessment. The primary
3 purpose of this assessment is to improve community
4 health.

5 After reading the latest one published
6 for public viewing, I do not see where OSF
7 hospital administrators used this information to
8 formulate the latest plan for our community. We
9 have yet to see the structural assessment done on
10 our current hospital that OSF decision makers
11 point to, stating our current building is not
12 structurally sound.

13 We know that Saint Elizabeth in Ottawa
14 has been profitable. So the question is, why such
15 drastic changes to Ottawa's access to healthcare?

16 As for listening to the stakeholders,
17 this has been lacking from the beginning, starting
18 with OSF releasing a press release about their
19 plans without first discussing details with the
20 city officials.

21 OSF requested a 12-month deferral from
22 the State Board with the supposed intent to use
23 the time for further discussions with local
24 officials and community members. Your Board

1 encouraged these discussions and asked that OSF
2 submit monthly reports about the progress.

3 It was merely days after that meeting
4 that they placed a very small ad in the classified
5 section of the newspaper stating an intent to move
6 OB and ICU from Ottawa to Peru. This was done
7 without listening to city officials or the
8 community.

9 Their planning is not based on community
10 needs but rather pushing through a plan that
11 benefits them.

12 For this reason, I am asking that you not
13 grant this.

14 MS. SAVAGE: Time.

15 MR. ROATE: Next, the Board would like to call
16 Ms. Margaret Reagan.

17 MS. REAGAN: Question of the day, can you hear
18 me?

19 AUDIENCE MEMBERS: Yes.

20 MS. REAGAN: Margaret Reagan. R-E-A-G-A-N.

21 OSF plans to close our OB department and
22 Intensive Care. State Board, please be wise in
23 your deliberations. Deny the OSF request.

24 Day-by-day OSF is eroding our healthcare.

1 You and I believe that our local hospital is
2 important. It has provided excellent healthcare
3 services for generations.

4 The question becomes, why is OSF
5 deliberately and unnecessarily trying to destroy
6 our hospital? They choose to not take -- they
7 choose to take our true hospital and make it a
8 pass-thru facility. OSF should be celebrating,
9 not disrespecting, our area here.

10 Yes, Western LaSalle County deserves a
11 true hospital. But taking ours for theirs, that's
12 nonsense.

13 It makes our head swim trying to figure
14 out why the powers to be in Peoria are ready to
15 cast us aside. Why does OSF continue with its
16 draconian plan to drastically and artificially
17 downsize us?

18 Looking at data, one can only conclude
19 that poor performance is not the reason for our
20 demise. Then, you must think that the downsizing
21 and the tear down is for financial reasons. But
22 that is also not true, we've always been in the
23 black. The downsizing also seems blatantly unfair
24 to our staff. They are performing well as a

1 hospital team.

2 We do not deserve to be treated so
3 shabbily. A parent organization can do better
4 without drastic erosion of current services.

5 Even though OSF was given an additional
6 deferral, downsizing is occurring. Deferral is
7 defined as postponement of actions.

8 I plan to continue to be vigilant in not
9 letting our hospital be devoured by corporate
10 greed.

11 MR. ROATE: Next, the Board would like to call
12 Ms. Barbara Jones.

13 MS. JONES: Barbara, B-A-R-B-A-R-A, Jones,
14 J-O-N-E-S.

15 Are we good? Can you hear me?

16 OSF, OSF, I'm calling 911. Are you here?
17 Are you here to help me?

18 I live in a very unique community and,
19 OSF, we need your help. We are a community of
20 thinkers, doers, planners, caring, we take care of
21 each other. You see all these people here this
22 afternoon, you hear all these eloquent words of
23 why we need you to rethink this, to be critical,
24 to be analytical, and in the end create something

1 that works for both of us.

2 This shift in healthcare wants to create
3 a desert, and I know that's a modern new thing,
4 all this shifting that's happening with
5 healthcare, but we should not be left in a desert.
6 There has to be a better answer.

7 Does OSF care? Are you here? Are you
8 listening to us?

9 My personal experience is four years ago
10 I had a complete bleed out from a colonoscopy and
11 I had to be air lifted to Chicago. If there was
12 all this stuff about shifting and moving me from
13 hospitals and things, I don't know that I would
14 have survived.

15 So my personal experience makes me think
16 about my family, my kids, my grandkids, my
17 neighbors, my friends.

18 So critical thinking really has to be
19 done. We have to re-evaluate. We have to analyze
20 and have the ability to create something that will
21 work for us.

22 If you look here, you see all these
23 people out here today, we are sincere, we are
24 justified. Keep us out of risks and a desert.

1 Keep us in safety. OSF, please listen to us.

2 Thank you.

3 MR. ROATE: Next, the Board would like to call
4 Ms. Julie Polancic.

5 MS. POLANCIC: J-U-L-I-E P-O-L-A-N-C-I-C.

6 My name is Julie Polancic and I've been a
7 resident of Ottawa for 37 years.

8 I've worked for major corporations, as
9 well as the federal government.

10 During my career I have designed,
11 implemented, and managed many major projects, as
12 well as global organizational changes. If I had
13 managed any of my projects the way OSF has managed
14 this project, I would have been fired in a
15 heartbeat.

16 Why is there so much resistance to the
17 OSF plan?

18 Number 1, they don't have a communication
19 plan. No one from OSF has adequately or logically
20 explained to the Ottawa community why its
21 thriving, award-winning hospital is being
22 dismantled and how any of this is in their best
23 interest. To insinuate that people have just not
24 absorbed the information is extremely insulting.

1 Interaction with the community has only occurred
2 when OSF administration was pressed to do so.

3 Number 2, it's evident there was never a
4 stakeholder analysis done. OSF is ignoring and
5 dismissing key stakeholders, including the
6 citizens of Eastern LaSalle County. There was no
7 consultation with city officials and there is a
8 lack of acknowledgment and a total disregard for
9 the 115-year history of Ottawa Hospital's success.

10 Number 3, it's obvious that during the
11 initial phases of the project, a thorough impact
12 and risk analysis was not done. No review of
13 first responder staffing, the impact to the local
14 economy, and businesses looking to move to this
15 area, which will in turn have a direct impact on
16 OSF's payer-mix.

17 The original CON was submitted in April
18 of 2024. As recently as last month, OSF said the
19 12-month extension was to allow more time to
20 determine local healthcare needs. Seriously?
21 This should have been completed in the concept
22 phase of the project.

23 I am a member of Mayo Clinic's National
24 Patient and Family Advisory Council. Our council

1 provides significant input on Mayo Clinic's
2 healthcare projects, an approach OSF should
3 seriously consider.

4 From my view, this project was
5 ill-conceived, haphazardly planned, shoddily
6 executed, and mismanaged from the start.

7 I urge state officials to deny the
8 exemption and respectfully ask OSF to start again
9 focusing on a proven change management approach --

10 MR. ROATE: Time.

11 MS. POLANCIC: -- that allows patients to have
12 a stake in their healthcare future.

13 Thank you.

14 MR. ROATE: Next, the Board would like to call
15 Mr. Tom Walsh.

16 MR. WALSH: T-O-M W-A-L-S-H.

17 Good afternoon. Thanks for this
18 opportunity. I am urging you to vote no on this
19 because I fear that it's just a steppingstone to
20 additional cuts down the road.

21 I am going to share a story with you to
22 highlight that.

23 On March 31st of this year, I was walking
24 back to my office and collapsed in full cardiac

1 arrest. By the grace of God, a good samaritan,
2 the finest of the Ottawa police and fire
3 departments, I was resuscitated and brought back
4 to life. I was taken out to Saint Elizabeth.
5 They worked really fast and hard on me to get me
6 to the point where they could put me on the
7 helicopter to send me to Peoria.

8 When my wife arrived, she was told that I
9 had a five percent chance of surviving that
10 flight.

11 If things continue down this path, I fear
12 that that five percent may have been used in an
13 ambulance getting to another care facility.

14 I am a numbers guy, and I ask you to
15 weigh whatever trend analysis, whatever
16 spreadsheet you are looking at, against the cost
17 of a single human life.

18 Thank you.

19 MR. ROATE: Next, the Board would like to call
20 Mr. Wayne Eichelkraut.

21 MR. EICHELKRAUT: Good afternoon, I am Wayne
22 Eichelkraut, W-A-Y-N-E E-I-C-H-E-L-K-R-A-U-T,
23 Finance Commissioner for the City of Ottawa.

24 I am here because I am concerned about

1 Ottawa's future healthcare facility, or lack
2 thereof, and the impact it will have on the
3 welfare of all our citizens.

4 I am here to ask your assistance in
5 denying OSF moving the OB and ICU services to Peru
6 at this time.

7 We have been in talks with OSF and have
8 more dates scheduled this year. We are hoping
9 this year's delay will enlighten them to the needs
10 of the Ottawa community and the hardships they
11 have caused to the people who live here.

12 Over the last year we have had several
13 meetings with OSF. We asked many questions.
14 Thank you, Dr. Rosborough. That is where we
15 realized that their preparedness was lacking.

16 Perhaps a slower approach to the move to
17 Peru would be a better plan than they have now.
18 It would be better for them to see the needs of
19 the Ottawa community, even though we all know the
20 needs.

21 I ask you again not to approve the move
22 right now.

23 Thank you.

24 MR. ROATE: Next, the Board would like to call

1 Ms. Helen Rockford Wells.

2 MS. ROCKFORD WELLS: H-E-L-E-N R-O-C-K-F-O-R-D
3 W-E-L-L-S.

4 Can I get a show of hands of how many
5 people that have lost a loved one? Do you
6 remember the pain and agony that you went through?

7 Well, without an ICU, there will be a lot
8 of increased risk of mortality for patients.

9 Without an ICU, hospitals may need to
10 transfer patients to other facilities, leading to
11 increased travel times and patient complications
12 during transport.

13 Not having an ICU can create systematic
14 failure where the hospital will be unable to
15 handle a sudden surge in demand as seen during the
16 pandemic.

17 No ICU, it can compromise a hospital's
18 ability to provide critical care, leading to
19 increased risk for patients.

20 The Medical Association shows the
21 national hospital occupancy rate has gone up since
22 the pandemic of 5 years ago.

23 There's an alarm going off, OSF, you
24 refuse to hear it.

1 What if there's another pandemic?

2 OSF, if you really cared about your
3 patients, you would be putting your mission
4 statement into action to do everything with the
5 greatest care and love in making sure that patient
6 experience is number one.

7 Do the right thing instead of looking at
8 cutting cost. The price of a human life is so
9 precious. You can save lives.

10 We need a hospital complete in Ottawa.
11 We have an amazing healthcare staff, just let them
12 do their job.

13 If you proceed to remove our ICU, God
14 will hold each and every one of you accountable,
15 you decision makers accountable.

16 Heavenly Father, we come before you with
17 hearts heavy with concern for our community and
18 surrounding communities. We pray that the tragic
19 plan that OSF threatens to devastate our Ottawa
20 hospital will be averted. Your wisdom is
21 infinite. We humbly ask that you guide those
22 involved to choose a path of peace and compassion.
23 We pray for the strength and courage to face
24 whatever challenges that lie ahead, for the grace

1 to be remembered that you are with us even in the
2 darkness. May your love and mercy prevail, and
3 may this tragedy be turned into an opportunity for
4 healing and unity.

5 Can I get a big amen?

6 AUDIENCE MEMBERS: Amen.

7 MR. ROATE: Next, the Board would like to call
8 Geri Perry.

9 MS. PERRY: My name is Geri Perry. G-E-R-I
10 P-E-R-R-Y.

11 Thank you for this opportunity to speak.

12 I am a member of the Citizens for
13 Healthcare in Ottawa. I was born in Ottawa at
14 Ryburn Memorial Hospital. No need to state the
15 date.

16 After high school I left the area, with
17 no plans to return. Little did I know, when I met
18 the man I married, Dr. Byron Perry, he immediately
19 fell in love with this community and its people.

20 We opened our private practice in 1983,
21 which is now in the hands of our son, Dr. Seth
22 Perry.

23 The important factors for us choosing
24 Ottawa to locate our practice and raise our family

1 here were these:

2 Safety within our community;

3 Quality healthcare;

4 And a great educational system.

5 If OSF plans to eliminate our ICU and OB
6 services in Ottawa, these factors and many more
7 will be at risk.

8 Who in the world is going to move into or
9 stay in a community that does not have a full
10 service hospital?

11 We are already experiencing challenges
12 with available beds and transporting patients from
13 one facility to another. Many of those situations
14 are critical in nature. That will only worsen if
15 the current OSF plan is approved.

16 I will share a personal experience.

17 My partner, Tom, had open heart surgery
18 in February at OSF in Peoria. The doctors,
19 nurses, and staff were phenomenal.

20 I brought him back to my house for his
21 recovery phase. Ten days out we were turning in
22 for the night and I noticed the front of his shirt
23 was virtually saturated in blood, as were the
24 bandages covering his wound.

1 I called the 800 number that was given to
2 me upon his dismissal and was told by that person
3 to take a photo of his chest and post it on his
4 MyChart. I don't think so.

5 I called 911. The ambulance was there
6 and within minutes a phenomenal crew transported
7 him to the ER at Ottawa.

8 His surgeon in Peoria ordered him to be
9 transferred to Peoria now. That was at 11:20 p.m.
10 on Sunday, March 2nd.

11 Nearly 15 hours later on Monday,
12 March 3rd, he was air lifted to Peoria where he
13 underwent another procedure to drain both of his
14 lungs.

15 Taken from the Hippocratic Oath regarding
16 patient care: "I will do no harm or injustice to
17 them." This plan is essentially harmful and
18 certainly not justifiable.

19 I implore you to make the right decision
20 to deny OSF's current plan to close our ICU and OB
21 services.

22 MR. ROATE: Next, the Board would like to call
23 Ms. Darlene Halm.

24 MS. HALM: My name is Darlene Halm.

1 D-A-R-L-E-N-E H-A-L-M.

2 I have a few questions for OSF.

3 Can you hear me okay?

4 AUDIENCE MEMBERS: Yes.

5 MS. HALM: Okay, good.

6 What procedures requiring sedation will
7 no longer be available in Ottawa?

8 Will colonoscopies still be done there?
9 These require anesthesia.

10 What other minor surgical procedures will
11 still be performed there? For example, cataract
12 surgery.

13 Will there be any breast mammograms
14 performed at either the new hospital or the Ottawa
15 Medical Center to the east of the current
16 hospital?

17 We do not have a cardiologist on staff at
18 the hospital. Cardiologists, instead, come to the
19 1050 office building by the hospital every month.
20 I am seen annually and require an echocardiogram.
21 Will I still be able to get one in Ottawa?

22 I am scheduled for a bone scan this month
23 for my osteoporosis. Will these still be
24 performed in Ottawa?

1 Will Life Flight helicopters be able to
2 land at the new hospital or will patients be taken
3 to Peru to be flown from there?

4 In 2012, OSF Saint Francis was given the
5 Ottawa Regional Hospital and Healthcare Center and
6 the medical assets valued at \$58 million in good
7 faith. Can citizens of Ottawa expect to be
8 reimbursed, with interest, and that money put
9 towards a larger new hospital?

10 In conclusion, the land the hospital was
11 built on was donated by Ottawa Silica Foundation.
12 If the current hospital is torn down, does the
13 land revert to the current owners of that company?
14 Is the proposed new hospital going to be built on
15 part of that donated land?

16 Thank you.

17 MR. ROATE: Next, the Board would like to call
18 Ms. Nancy Tuftie.

19 MS. TUFTIE: N-A-N-C-Y T-U-F-T-I-E.

20 Can everybody hear me?

21 AUDIENCE MEMBERS: Yes.

22 MS. TUFTIE: Thank you, everybody, for being
23 here, it's a great turnout.

24 Thank you to the State Board members and

1 OSF for this opportunity to listen to community
2 members.

3 While working in her yard, a friend in
4 Ottawa had chest pain. She went to the Emergency
5 Department in Ottawa. She was having a heart
6 attack. She needed a transfer to a hospital that
7 had a cath lab. No OSF facility had a telemetry
8 bed. Her troponin continued to rise and her
9 family noticed the crash cart outside her room.
10 Hours passed and 28 hours later she was
11 transferred to OSF Saint Anthony's in Rockford.
12 She was lucky that she did not have cardiac arrest
13 while waiting.

14 This disturbs me so much, knowing that
15 OSF promised added services in Ottawa back in
16 2012, starting with a cath lab at the time they
17 took over Ottawa Regional Hospital.

18 Ottawa is the next largest community west
19 of Morris. Morris is part of the Southwest
20 Chicago Metropolitan Area and it is not considered
21 rural. The 2020 census for Morris was 14,163.
22 Ottawa's census at that time was 18,000 plus many
23 areas and villages surrounding it, totaling about
24 30,000 residents.

1 Transfer delays are life threatening. We
2 are 80 miles southwest of Chicago. I feel like
3 OSF is treating this Ottawa community like it's in
4 the middle of the Rocky Mountains and we all
5 should just have to expect to travel for most all
6 medical care.

7 I pray that the State Board will consider
8 all the concerns and facts from the community
9 people and guide OSF to do the right thing. Keep
10 Ottawa's Saint Elizabeth services, including OB
11 and ICU, as well as the Peru Saint Elizabeth
12 services.

13 Lastly, show this community your care and
14 integrity by considering a cath lab at the Ottawa
15 Saint Elizabeth Medical Center campus, like Ottawa
16 Regional Hospital was promised over a decade ago.
17 Working there then, I personally heard that said
18 many times.

19 Thank you for your time.

20 MR. ROATE: Next, the Board would like to call
21 Samantha Petersen.

22 MS. PETERSEN: S-A-M-A-N-T-H-A
23 P-E-T-E-R-S-E-N.

24 Good evening. My name is Samantha

1 Petersen. I am not only a former OSF employee but
2 a parent with three children all born in the OB at
3 OSF Saint Elizabeth Medical Center.

4 I am a resident of the town of Streator,
5 and someone who, myself and family, at any point
6 in time could require benefits of our amazing ICU
7 team in Ottawa.

8 I worked as a CNA in the med/surg and ICU
9 floors. For months, I can't remember a time where
10 ICU was not filled to capacity, a 5-bed ICU, and
11 we would have to decide who could be moved to
12 med/surg, as we had someone more critical coming
13 in. As St. Mary's closed, our ICU and med surg
14 beds were filled and filling more. I can't
15 imagine how Peru is going to keep up.

16 Five nursing homes in Ottawa, 3 in
17 Streator, 1 in Marseilles, all depend on critical
18 care facilities in Ottawa. How many beds will the
19 Peru facility hold?

20 Let's also take into consideration
21 weather in the Midwest. A car accident, trauma,
22 bus accident, a tornado, or everyone's worst fear
23 a mass school shooting. We have been through a
24 bus accident years ago.

1 Critical care issue is extremely
2 important in the Ottawa region. What happens on
3 the weekend when someone comes in with a massive
4 GI bleed and we can't call GI?

5 Research and proven medical evidence has
6 shown people with critical treatment needs survive
7 better when they are transferred quickly to an
8 ICU.

9 Can you guarantee citizens of Ottawa,
10 Streator, even surrounding small towns that have
11 made Ottawa their home hospital, Peru can
12 guarantee the mass inflow they are going to get?
13 We could barely keep up when Streator closed.

14 How is any of this holding up to OSF's
15 motto of "serving you with the greatest care and
16 love?"

17 OSF Pontiac OB closed. OSF closed the
18 hospital in Streator. No OB.

19 So picture this, it's a beautiful
20 Saturday morning, a mom comes into the ER and says
21 her water broke. What will happen when that mom
22 comes into the ER in labor and is waiting for
23 transfer and all of a sudden has a seizure? Now
24 the baby is in danger and she needs an emergency

1 C-section, but there is no anesthesia. It's a
2 weekend. How will the ER decide that?

3 The OB is a detrimental part of a
4 hospital. This is where life all begins, families
5 become whole. A pregnant mom gains so much trust
6 in their OB doctor and new pediatrician.

7 I, like other moms, found both right here
8 in Ottawa, and without them, I wouldn't be the mom
9 I am today.

10 MR. ROATE: Next, the Board would like to call
11 Mr. Tom Ganiere.

12 MR. GANIERE: Tom Ganiere. G-A-N-I-E-R-E.

13 My name is Tom Ganiere. I am the
14 Commissioner of Public Health and Safety for the
15 City of Ottawa.

16 As we all know, OSF filed a Certificate
17 of Need application to build a new downsized
18 hospital in Ottawa. The Certificate of Need asked
19 for the elimination of certain services that are
20 currently provided to OSF Saint Elizabeth Ottawa.
21 Among those services to be eliminated are
22 obstetrics and ICU.

23 After several discussions with city and
24 community leaders, OSF asked the Board to defer a

1 decision on the Certificate of Need for one year.

2 This deferral was granted by the Board.

3 And now, OSF is again before the Board
4 asking that a portion of the original Certificate
5 of Need be implemented.

6 When the city and community leaders
7 requested the deferral, it was stated that OSF
8 should maintain all services that currently exist
9 in Ottawa until after the Peru facility is fully
10 up and running so that OSF can see if they have
11 the right plan for the area, which we believe is
12 not the right plan for the area, it does not
13 address the needs of the entire region.

14 However, by allowing OSF to implement
15 part of the original Certificate of Need, now we
16 will probably never know if they have the right
17 plan for the region.

18 I urge the Board to reject the current
19 Certificate of Need before the Board in favor of
20 the deferral of the original Certificate of Need
21 and see what the data is in one year and what the
22 needs of the region truly are.

23 Thank you.

24 MR. ROATE: Next, the Board would like to call

1 Ms. Jana Kinkin. K-I-N-K-I-N.

2 MS. KINKIN: Can everybody hear me okay?

3 Hi. My name is Jana Kinkin. I was born
4 and raised here in Ottawa, but I currently reside
5 in Streater.

6 First off, I just want to say that the
7 ICU in Ottawa hospital took care of my father 5
8 years ago and we are grateful for their care for
9 him and our family, and it would be a shame if
10 this community lost the ICU and OB in Ottawa.

11 On a different note, as I mentioned, I
12 currently reside in Streater. I live two houses
13 away from the Streater hospital for over 10 years.
14 I personally witnessed the amount of helicopters
15 going in to the Streater hospital almost daily and
16 sometimes even several times a day, a much smaller
17 area than the Ottawa area services.

18 I personally witnessed a helicopter on
19 the pad and one in the parking lot during an
20 extreme emergency. And in a separate emergency,
21 closing Route 23 for three separate helicopters to
22 land, which is a little more unique for such a
23 small area, compared to what Ottawa services.

24 Services are already cut. For my family,

1 myself, remember I am from Streator, I would like
2 to know where do we go for services, especially if
3 the Ottawa hospital services are cut? Do we go to
4 Pontiac, which OSF has also cut services? Peru, a
5 longer drive?

6 I personally feel OSF is creating a
7 desert in this area and it is appalling and
8 unsafe.

9 Thank you.

10 MR. ROATE: Next, the Board would like to call
11 Mr. Charles Gentert.

12 MR. GENTERT: G-E-N-T-E-R-T.

13 I just want to say a couple of things
14 known. You guys should know this, but maybe not
15 some of you.

16 Ambulance service, you get a bill from
17 the hospital, there's no surprise, but the
18 ambulance service is not covered under that.

19 On January 1st, 2025, it passed the law
20 where you could not have urgent care and ambulance
21 service in the same building. Well, they repealed
22 that law. Now they are talking a lot of them they
23 (inaudible).

24 Everybody knows Springfield what they

1 will pull and that will hurt Streator big time.
2 Closing the Streator hospital was wrong but by
3 closing the Ottawa hospital is worse because where
4 is Streator going to go? Where are they going to
5 travel?

6 You guys with OSF, I am pro life, how can
7 OSF Catholic say they are pro life? Life does not
8 stop at birth. People are going to die, you know,
9 but transferring them to Rockford? Peoria? Even
10 Peru, you know, (inaudible). They say they are
11 pro life -- you know, I better shut up.

12 MR. ROATE: Next, the Board would like to call
13 Ms. Paula Bailey.

14 MS. BAILEY: P-A-U-L-A B-A-I-L-E-Y.

15 Hi. My name is Paula Bailey. I've lived
16 in Ottawa 56 years. My family has always used the
17 Ottawa Hospital since I was born.

18 In October 2023 I took my husband to OSF
19 Saint Elizabeth ER. He had double pneumonia. He
20 was admitted and we were lucky to get a room in
21 Ottawa. The next day he was in respiratory
22 distress and needed the assistance of a BiPAP
23 machine. The nurse said there was only one ICU
24 room available and we needed to get there.

1 I spent the night there with him, because
2 when he came to he was disoriented. I was
3 exhausted. The next morning I ran home to shower.
4 I spent 10 hours a day in the hospital with him.
5 I could not have done that had he been out of
6 town. I could not drive with bad eyesight and
7 exhaustion for 2 weeks. He waited for 2 days for
8 a regular room while others needing the ICU rooms
9 were in hallways in ER. There's no guarantee
10 there is a room elsewhere if you need to be
11 transferred.

12 In an unrelated incident, I waited 3 days
13 with a shattered, dislocated elbow at OSF
14 Saint Anthony in Rockford. We traveled back and
15 forth 3 days. Would you like your parent or your
16 loved one in another home, not in your hometown?
17 Do you want an elderly person or your parent
18 driving farther when they feel uncomfortable?

19 Perhaps this is not a healthcare issue
20 but a moral issue. Your crosses are in every room
21 facility reminding us of the love -- of the Lord's
22 love to help the sick and the poor in need. The
23 staff exhibits his love. What is OSF exhibiting
24 by cutting essential services to this community?

1 More will die waiting for treatment.

2 Please consider -- reconsider keeping the
3 hospital's needs as they are now.

4 Thank you.

5 MR. ROATE: Next, the Board would like to call
6 Colleen Burns.

7 MS. BURNS: C-O-L-L-E-E-N B-U-R-N-S.

8 Hello. My name is Colleen Burns and I am
9 a resident of Ottawa with a background in health
10 system strategic planning and business
11 development.

12 I've been at the table when independent
13 hospitals become part of large health systems.
14 The goal is always to leave something better than
15 you found it.

16 So I try to picture myself at the table
17 in 2012 when OSF was given our hospital and the
18 exquisite riverfront land it all sits on for free.
19 I can't imagine anyone representing Ottawa at the
20 time believed future plans would involve
21 dismantling of services provided for over a
22 century, just to have them shipped down the road
23 to a previously closed and bankrupt facility,
24 which leads us to today, or rather last year.

1 In March 2024, OSF submitted to the State
2 Board the 3 projects involving Ottawa and Peru
3 should be considered together as they are all
4 clearly interconnected.

5 In August, OSF asked that Peru's
6 application be excluded from Ottawa's and approved
7 as a standalone plan, which it was.

8 In March of this year, OSF asked for a
9 12-month deferral on the Ottawa projects, which
10 was granted, and yet within weeks a new
11 application was submitted that would continue with
12 the closures of the ICU and OB units in Ottawa.

13 Is this deferral just smoke and mirrors?

14 State Board, OSF is not waiting for your
15 approval. They feel confident they already have
16 it based on what was approved in August. Not only
17 have the closures of ICU already begun, they have
18 also decided to operate in essence of the deferred
19 plans by reducing med/surg beds to 20 and reducing
20 surgical cases in August.

21 The thought I keep coming back to if they
22 don't want to keep us, then why not try to sell
23 us? Why not prove they are not a healthcare
24 monopoly by offering up the sale of the facility

1 that they want to tear down? Why? Because they
2 still need us. But we have a choice.

3 It's clear that OSF has a plan that works
4 for OSF, but that doesn't mean it works for the
5 people of Eastern LaSalle County.

6 The public has power. And the more
7 educated a public, the more powerful.

8 If you go to saveottawahealthcare.com,
9 you will find resources to help you consider other
10 nearby systems available to you for care with
11 higher quality and higher safety scores than
12 here -- or in Peoria, I should say.

13 For these reasons, I urge the Board to
14 deny OSF's request to close our OB and ICU units.

15 Thank you.

16 MR. ROATE: Next, the Board calls Mr. Ron
17 Henson.

18 MR. HENSON: H-E-N-S-O-N.

19 My name is Ron Henson and I am a local
20 resident and longtime small business owner in
21 Ottawa.

22 We all understand when OSF introduced
23 their original plans in the winter of 2024, no
24 input was requested, no agreement from the city

1 was provided, nor was the city or anyone else
2 outside of OSF administration informed of this
3 plan until an hour before.

4 Then, OSF modified their plan last June
5 to what they termed their enhanced plan, due to
6 public outcry from all. However, that Certificate
7 of Need Project 2-011 still consists of their
8 original plan of 12 beds, not the 20 they proposed
9 amongst other changes to this day. OSF has yet to
10 modify or amend that CON.

11 Flash forward to March of this year in
12 which OSF filed this new CON that brings us all
13 here today for the proposed closure of the OB and
14 ICU in Ottawa. Once again, no agreement from the
15 City of Ottawa regarding the Certificate of Need.
16 OSF didn't hesitate to file this new CON, though,
17 without the agreement from the city.

18 We were recently advised by the CEO of
19 OSF at our meeting on May 20th, that I attended
20 with city officials, Jay McCracken, Retired Chief
21 Medical Officer Dr. Brian Rosborough, and Colleen
22 Burns, that the reason OSF has not amended that
23 CON enhanced plan is because they need city
24 approval first.

1 Sometimes OSF will opt for no input and a
2 go-it-alone approach and other times they will say
3 that we need the city's agreement before.

4 This is just one recent example of OSF's
5 inconsistencies in handling of these projects.

6 Our request today is simple. Please vote
7 no on their Certificate of Need to close the OB
8 and ICU and abide by the 12-month deferral that
9 was granted in March of this year by the HFSRB
10 board that by their own admission violated their
11 own Board policies in granting that deferral for
12 OSF.

13 Thank you.

14 MR. ROATE: Next, the Board would like to
15 calls James Prendergast. James Prendergast.

16 MR. PRENDERGAST: Coming your way.

17 MR. ROATE: Thank you.

18 MR. PRENDERGAST: My name is James
19 Prendergast.

20 Can you hear that?

21 AUDIENCE MEMBERS: Yes.

22 THE WITNESS: It's P-R-E-N-D-E-R-G-A-S-T.

23 I am a retired educator, having spent 31
24 years with the Ottawa Elementary School District.

1 I'm not an Ottawa native but I've lived
2 here for 55 years, so this is my community.

3 I am familiar with the hospitals here in
4 Ottawa. When I came to town, Ryburn Memorial
5 Hospital was still functioning and I provided
6 speech and language services to the patients,
7 while working summers at the Easter Seal Center.

8 And then Community Hospital Ottawa was
9 built. Progress. Our oldest son was born on the
10 day the hospital opened.

11 Later, work was begun to make our
12 community hospital a regional hospital. One of
13 the things that was required, and that was really
14 progress, was we needed more parking. And so,
15 that was when the underground parking facility was
16 built.

17 During that construction, I was lucky
18 enough to volunteer to drive one of those little,
19 white cars that transported patients and visitors
20 from other lots to the front door. I say I was
21 lucky because I got to meet so many wonderful
22 people, some who were not having their best day,
23 but they did come to a full service hospital.

24 And then there was news that they would

1 be merging with OSF. Progress? I'm not sure. I
2 said, there's not going to be a merger, we are
3 being bought out by OSF.

4 Now, anybody who parts those words, what
5 I meant was that we would lose control -- local
6 control of our hospital. And so, here we are
7 today, we have lost that control.

8 I am asking the Board to not certify
9 anything more that OSF has to say, but to listen
10 to the people that are here and listen to the
11 administration, and give some of that control back
12 to the community.

13 Thank you.

14 MR. ROATE: Next, the Board would like to call
15 William Zwanzig.

16 MR. ZWANZIG: Z-W-A-N-Z-I-G.

17 I hope I ain't talking too loud.

18 We talk about geographic. I'm looking at
19 population. LaSalle County got 108,000 people in
20 here. Ottawa and the surrounding areas, a lot of
21 towns, depend on OSF hospital, and them are
22 Serena, Dayton, Wedron, Norway, Sheridan, Seneca,
23 Naplate, Utica, Streator, Ransom, Grand Ridge. I
24 total up the population just for the city, not the

1 people in the country -- who live in the country,
2 and I came up with a figure of about 48,000
3 people. Well, we got 108,000 in the county.

4 And I look at what does LaSalle have?
5 I'm not picking on LaSalle. But we got LaSalle,
6 Peru, Norway, Hennepin, Spring Valley,
7 Cedar Point, Ladd, Standard, and Granville, but I
8 think there's more. Ottawa needs this hospital.

9 And I might have a solution for OSF since
10 they don't want to have our big hospital here,
11 they want to tear it down and they want to build a
12 33-bed hospital here, which is probably what,
13 135 million, 145 million? My solution is, it
14 would be a win-win situation, I did some business
15 with Sullivan Auctioneers, they sell million
16 dollar farms from Indiana to Iowa, all over the
17 country, and when the COVID hit, they came up with
18 a solution to have Internet and they can auction
19 from their business, and it took off, and they are
20 highly good auctioneers, they are well-known, and
21 it's called Sullivan, they are out of East Peoria.
22 Why don't they just sell our OSF, maybe we can get
23 a bite, maybe we can get Northwestern, or maybe
24 Mayo, maybe Northwest, maybe get somebody to come

1 in. And then it's a win-win for them, they don't
2 have to build that 145 hospital.

3 MR. ROATE: Your time is up.

4 MR. ZWANZIG: Thank you.

5 MR. ROATE: Next, the Board would like to call
6 Cleve Threadgill.

7 (No response.)

8 MR. ROATE: Cleve Threadgill.

9 (No response.)

10 MR. ROATE: Next, the Board would like to call
11 Mr. Robert Hasty.

12 MR. HASTY: H-A-S-T-Y.

13 Good afternoon. My name is Robert Hasty
14 and I serve as mayor of the City of Ottawa.

15 At a recent meeting OSF CEO Bob Sehring
16 told members of our council and selected community
17 representatives that it should be accepted,
18 without question, that all ICU beds would be
19 relocated to Peru. He went further, stating that
20 should it be determined that more ICU beds are
21 needed in the future, those would also be added to
22 Peru. Ottawa, we were told, would never again
23 have ICU beds.

24 The phrase that struck me, and frankly

1 troubled me, was "should it be determined." Who
2 determines that? Based on what data? And when?
3 Because we are already transferring ICU patients
4 out of Ottawa due to lack of beds.

5 At the same time, OSF is pursuing a
6 Certificate of Need extension regarding medical
7 and surgical beds in Ottawa. While they debate
8 whether 12 or 20 beds are sufficient, the daily
9 consensus is that more than 30 consistently, and
10 that number is not decreasing even as Peru
11 expands.

12 So I ask again, when does the tipping
13 point come? When is transferring ICU patients too
14 often considered too much?

15 OSF has stated that their reasoning for
16 these consolidations is to pool resources,
17 specifically doctors. If that's true, and if this
18 is about serving the region, then why do we --
19 then we need to broaden the conversation.

20 I'm no longer speaking only for Ottawa,
21 I'm speaking for everyone along the I-80 corridor,
22 Princeton, Spring Valley, Peru, LaSalle, Mendota,
23 Utica, Marseilles, Streator.

24 If the goal is to centralize care for

1 regional efficiency, then why isn't OSF moving ICU
2 beds and critical staff into Peru from Rockford or
3 Peoria where resources are deeper? Why is the
4 burden always on smaller communities to sacrifice
5 access?

6 Given the current track record of this
7 merger and reallocation of services thus far,
8 knowing that 7 ICU beds sit unused in Mendota and
9 Princeton, and that Peru's ICU beds will open the
10 same month OSF seeks to decommission Ottawa's, I
11 believe it would be reckless to move forward at
12 this point.

13 The sensible course of action is to defer
14 this request until OSF can, in their own words,
15 better assess the situation once Peru is fully
16 operational.

17 Therefore, I respectfully ask the Board
18 to vote no on the request to decommission ICU beds
19 in Ottawa.

20 Thank you.

21 MR. ROATE: Next, the Board would like to call
22 John Fisher.

23 And after Mr. Fisher, we would like to
24 call Mr. John Armstrong.

1 MR. FISHER: F-I-S-H-E-R.

2 My name is John Fisher and I live in
3 Marseilles.

4 I just wanted to remind the board of OSF
5 that you have a mission statement hanging in
6 several parts of the hospital in Ottawa that reads
7 as follows:

8 "In the spirit of Christ and the example
9 of Francis of Assisi, the Mission of OSF Health
10 Care is to serve persons with the greatest care
11 and love in a community that celebrates the gift
12 of life."

13 It certainly feels like you have
14 forgotten those words.

15 Thank you.

16 MR. ROATE: After Mr. Armstrong, we would like
17 to call Ms. Amy Murri Briel.

18 MR. ARMSTRONG: J-O-H-N A-R-M-S-T-R-O-N-G.

19 MR. ROATE: Next, we call Montez Solen.

20 MR. ARMSTRONG: Hi. My name is John
21 Armstrong. I have been very fortunate in that my
22 parents, my grandparents, and my
23 great-grandparents decided to make this community
24 our home.

1 I am here to urge the Board to deny OSF
2 to move the OB and ICU units to a facility that's
3 much older and farther away than the current
4 complex.

5 OSF makes reference to the hub system for
6 healthcare. That may be a solution in Montana and
7 Utah but it makes no sense here in Ottawa and the
8 surrounding area. This community is booming. All
9 it has to do is drive through downtown and see all
10 the activity.

11 If OSF is allowed to do this, it will
12 have a devastating effect on the community for
13 years.

14 Chairperson, I appreciate you coming and
15 listening to us.

16 And isn't this impressive, these people
17 acknowledge the expertise, the passion they have?
18 And I hope you carry that passion forward.

19 Now everybody give yourself an applause.

20 Thank you.

21 MR. ROATE: The Board would like to call
22 Montez Solen.

23 (No reply.)

24 MR. ROATE: Montez Solen.

1 (No reply.)

2 MR. ROATE: Next, the Board would like to call
3 Mr. Richard Schwarzbach. Last name is spelled
4 S-C-H-W-A-R-Z-B-A-C-H.

5 MR. SCHWARZBACH: Richard
6 S-C-H-W-A-R-Z-B-A-C-H.

7 All right. I guess -- you know, I have
8 listened to everybody and I guess I'm trying to
9 look at this, like, from a business point of view.

10 I understand OSF, it's supposed to be a
11 nonprofit healthcare. We all need healthcare.
12 This town will suffer if the hospital is not here.
13 I mean, that's a fact. People won't move here.
14 Businesses won't want to start up a business here.
15 It just won't happen.

16 And John was right, the town is booming,
17 and the only way for it to continue is to offer
18 everything that a city should have and that is
19 healthcare. Good healthcare.

20 MR. ROATE: Next, the Board would like to call
21 Ms. Ruth Capsel. C-A-P-S-E-L. Capsel.

22 MS. CAPSEL: I'm coming.

23 R-U-T-H C-A-P-S-E-L.

24 Again, my name is Ruth Capsel. My

1 husband and I live in Seneca.

2 Can you hear me?

3 AUDIENCE MEMBERS: Louder.

4 MS. CAPSEL: We have utilized Ottawa hospitals
5 our entire life.

6 Had there been not an obstetric unit in
7 Ottawa, our children may very well have been
8 delivered in our car. Our first child was
9 delivered one-and-a-half hours after the first
10 contraction and our second 45 minutes from start
11 to finish. In fact, the OB nurses delivered her.
12 It's 45 minutes just at 251 -- Route 251 in Peru.
13 The doctor who was covering for my family
14 physician for the second one, my doctor was on
15 vacation, and the covering doctor did not believe
16 the information he was given. So the nurses, who
17 were wonderful, did the delivery.

18 Obviously, had I been forced to go to
19 Peru, the outcome for both could have been
20 disastrous outcomes.

21 So while my experiences may not be the
22 norm, they did indeed happen.

23 And there are others in Seneca that do
24 not carry OB but have stayed with OSF.

1 We've also had to utilize the ER, and I
2 know that's a different situation here, on two
3 occasions, but there's some need for improvement
4 there.

5 My husband had food lodged in his
6 esophagus, and the first time a gastroenterologist
7 from Streator came in and removed the obstruction.

8 A year-and-a-half ago, the same thing
9 happened and, obviously, my husband could breathe,
10 but it was lodged. When we got to the ER, we were
11 told there was no gastroenterologist on call. The
12 gastroenterologist that is affiliated with the
13 hospital only does scheduled appointments. We
14 were transferred to Peru and that was 9 hours
15 later. Again, that was trying to get
16 transportation. It ended up being -- we were
17 admitted to Peoria, rather, on an emergency room
18 basis.

19 So, the need is here.

20 Thank you very much.

21 MR. ROATE: Next, the Board would like to call
22 Susan Tutko. T-U-T-K-O.

23 After her, we would like to call Valery
24 Calvetti.

1 MS. TUTKO: S-U-S-A-N T-U-T-K-O.

2 Hi. My name is Susan, and I'm a resident
3 of rural Streator.

4 Last week I was four weeks postpartum and
5 I suffered a severe postpartum hemorrhage at home.
6 To paint the picture, my bathroom looked like a
7 crime scene and in the space of 10 minutes I had
8 bled through three pads.

9 When the ambulance picked me up, I was
10 being too unstable to go to Ottawa and had to be
11 taken to the Streator ED.

12 I felt the blood leaving my body in
13 gushes, and I became dizzy, and I knew that I only
14 had minutes, otherwise I would be gone, and I
15 prayed to make it to Streator, which I did, and I
16 about wiped out their blood bank.

17 They got me stable enough to make it to
18 Ottawa. Ottawa.

19 For those of you who don't know, from
20 Streator to Ottawa takes about 25 minutes, and
21 from Streator to LaSalle-Peru takes about 40
22 minutes, 45 minutes.

23 I prayed the whole way to Ottawa that I
24 would make it, that I would be stable enough to

1 make it, and I did make it.

2 And thankfully, Ottawa was ready for me,
3 they had an OB doctor that was there ready to
4 operate on me and he saved my life.

5 In the ambulance, I wondered if I was
6 transferred to LaSalle-Peru if I would even be
7 alive, if I would be standing here before you
8 today. But thankfully -- I am so thankful that
9 Ottawa was open and able to take care of me.

10 But I know that there are other Streator
11 residents, other Streator residents that have OB
12 emergencies just like me, whether it's severe
13 postpartum hemorrhage or DIC, and I wonder if they
14 have a medical emergency, if they will be able to
15 make it to LaSalle-Peru when time is of the
16 essence.

17 I oppose Ottawa closing the OB and ICU
18 units. They saved my life and I think they will
19 save other Streator residents' lives as well.

20 MR. ROATE: After Ms. Calvetti, we would like
21 to call Mr. Paul Youngstrum.

22 MS. CALVETTI: V-A-L-E-R-Y C-A-L-V-E-T-T-I.

23 Good evening. I have attended all these
24 sessions here in Ottawa and I have also spoken.

1 Today I would like to say in my opinion
2 OSF has not been listening. OSF is not the hub
3 for Ottawa, nor is the regional model of care.

4 Morris -- let me just say there are 5
5 Level II trauma hospitals and 2 Level I trauma
6 hospitals closer than OSF.

7 Morris, to follow up on Nancy Tuftie, is
8 23.5 miles and does have a cath lab, and you can
9 get transported there by the Ottawa Hospital's
10 ambulance.

11 Northwestern Valley West is 27.5 miles,
12 and they have a homeward healing short-term rehab.
13 Once you are in, they will take you there, rather
14 than taking you to a nursing home, for awhile.

15 Rush-Copley, 40.8 miles, trauma Level II.

16 Saint Joseph, 42.8 miles, Joliet.

17 Northwestern Kishwaukee, 45.7 miles and a
18 Level I trauma in DeKalb.

19 Edward/Endeavor Health, 58.6 miles, Level
20 II trauma, Naperville.

21 Silver Cross, 51.1 miles, Level II, a Top
22 100 Hospital in New Lenox.

23 Advocate Christ Hospital, 73.9 miles,
24 Level I trauma, it is one of the major referral

1 hospitals in Midwest specialties.

2 Loyola, 74.3 miles, Level I trauma.

3 Comprehensive quality trauma care, nationally
4 recognized burn center.

5 Then comes OSF Peoria, 78.6 miles,
6 Level I trauma.

7 OSF Bloomington, 78.6 miles, trauma
8 Level II.

9 OSF Rockford, 80 miles, Level I trauma.

10 If you go 4 to 7 more miles you can go to
11 the University of Chicago, Northwestern, or
12 Advocate Lutheran General.

13 Thank you.

14 MR. ROATE: After Mr. Youngstrum, we would
15 like to call Justine Larabee.

16 MR. YOUNGSTROM: Paul Y-O-U-N-G-S-T-R-U-M.

17 Thank you. I am going to echo many of
18 the things that have already been said.

19 One of the things that has puzzled me in
20 the last few years is a number of my friends say
21 they are going over to Morris to get their health
22 treatment. And I am thinking why would they do
23 that? Why would they do that? Well, here's a
24 personal story.

1 On Sunday, September 8th, 2023, I woke up
2 with a ton of bricks on my chest. And my wife
3 Terry, a cardiac rehab nurse, retired now, she
4 called the fire department, and the paramedics
5 came, they got me loaded up fast. I thought, man,
6 I've got this.

7 They got on the radio and said we are
8 taking the patient to Morris. And I said -- no, I
9 screamed, "There's a hospital over there." I'm
10 telling the paramedics this. And they said no,
11 Morris has a cath lab. If we take you to
12 Saint Elizabeth, you are going to lay there
13 waiting for a chopper to come to take you to
14 Peoria.

15 So I think by the time a chopper would
16 have gotten me to Peoria, I already had stents in,
17 it saved my life. So I thank the paramedics and I
18 thank Morris for their care.

19 I wish I could have gotten here.

20 MR. ROATE: After Ms. Larabee, we would like
21 to call Dr. Amar.

22 MS. LARABEE: Justine, J-U-S-T-I-N-E, Larabee,
23 L-A-R-A-B-E-E.

24 I would just like to request the Board's

1 undivided attention while I speak, please.

2 Hi. My name is Justine Larabee, I'm
3 Xavier's mom.

4 Fifty-two days ago, on Easter weekend, I
5 learned that my 18-year old son was in critical
6 condition.

7 When I arrived at Saint Elizabeth, Xavier
8 was unconscious. He had 8 seizures, his blood
9 pressure was 40/10, and his heart rate was over
10 180. I was told that he was within an hour of his
11 heart exploding.

12 Xavier's troponin levels, which measure
13 heart damage, were at point 958, 9.58 times more
14 of the critical levels.

15 Despite cardiac distress, OSF had no
16 cardiologist on site, no cardiac imaging on
17 weekends. They said they would send a transfer
18 request to Peoria and Rockford that had an average
19 wait time of 2 to 3 days.

20 I demanded he be transferred to Loyola
21 and was told that the request was submitted.

22 Eight hours later, I learned that it
23 hadn't been sent.

24 I asked for a patient advocate. None was

1 provided. I demanded to talk to someone from the
2 administration team and they refused.

3 Only after I said my attorney would
4 arrive in 20 minutes did they finally send the
5 request to Loyola. It was approved in under an
6 hour. He spent five days in their ICU.

7 I called OSF afterwards and filed a
8 complaint.

9 According to the Joint Commission policy,
10 it states that hospitals must follow up with
11 patients within 7 days. I received nothing. Not
12 a call. Not a letter. No accountability.

13 Xavier survived because I pushed the
14 system and because Loyola was equipped when OSF
15 was not.

16 Please don't let them take more away from
17 our community. Please pour all of this energy
18 back into strengthening our award-winning hospital
19 instead of taking services away. Our lives and
20 our children's lives depend on it.

21 I spoke up for my son that day and today
22 I speak for all of our communities, children, and
23 our family members.

24 If this is all greed, which it seems to

1 be, how much will you lose in malpractice lawsuits
2 because of the lives that will be lost?

3 My son's survival was a true miracle and
4 I believe that the Board will bring our community
5 a much needed miracle by voting no.

6 Thank you very much.

7 MR. ROATE: Dr. Amar Dave.

8 DR. DAVE: A-M-A-R D-A-V-E.

9 I have been here 44 years.

10 AUDIENCE MEMBERS: We can't hear you.

11 DR. DAVE: I am a general pediatrician and
12 I've been here for the last 44 years. Currently,
13 I am practicing with my daughter.

14 Will you kindly stand up, please,
15 Pahroul?

16 We serve children. However, we are not
17 part of OSF. We would like to continue to
18 practice independently. So, I am not an employee
19 and I serve as an active sub-member in OSF.

20 Today I stand before you not just as a
21 physician but as a member of this community, one
22 who cares about the future of healthcare in
23 Ottawa.

24 To my knowledge, I am the only physician

1 who has publicly opposed the proposed relocation
2 of our hospital to Peru. I understand the
3 professional that be taking that position.

4 But I believe that when something is
5 wrong, we must speak, and I believe this move is
6 wrong for us. I stand with all of you today
7 because I believe in doing what is right.

8 Some of you may remember or have learned
9 about August 21st, 1858. Anybody want to take a
10 chance? August 21st, 1858, that was the date of
11 Lincoln-Douglas debate held in Ottawa, helping
12 other people, gathered in this very town. Today,
13 I believe we are part of another historic
14 movement, one of the largest gathering for the
15 cause of (inaudible) in Ottawa.

16 From every perspective, political,
17 (inaudible), especially the residents, let's not
18 forget our roots. (Inaudible).

19 In 2012 (inaudible).

20 This Board will not only compromise
21 healthcare, it will also harm our local economy.
22 Together, we must continue to raise our voice
23 (inaudible).

24 MR. ROATE: Is there anyone who wishes to

1 testify who has not had an opportunity?

2 Seeing none, is there anyone who has
3 testified who wishes to provide additional
4 testimony?

5 I would remind everyone to submit your
6 written comments to us so that we will have this
7 information for the record.

8 Also, this project is scheduled for
9 consideration by the Illinois Health Facilities
10 and Services Review Board at its August 12th,
11 2025, meeting. This meeting will be held at the
12 Embassy Suites Hotel, 100 East Conference Center
13 Drive, East Peoria, Illinois.

14 The public has until July 23rd, 2025, to
15 submit written comments. These comments can be
16 sent to my attention at the Illinois Health
17 Facilities and Services Review Board, care of the
18 Illinois Department of Public Health,
19 525 West Jefferson Street, Second Floor,
20 Springfield, Illinois 62761.

21 If you prefer, you may e-mail your
22 comments. Our e-mail address is
23 www.DPHFSRB.Illinois.gov.

24 Are there any questions?

1 Ma'am.

2 AUDIENCE MEMBER: And they can go to that
3 meeting, correct? You have to submit ahead of
4 time that they will be attending?

5 MR. ROATE: Yes, the public can attend and
6 they are given an opportunity for public comment
7 before the meeting. The meeting starts at
8 9:00 a.m.

9 Are there any questions?

10 Ma'am.

11 AUDIENCE MEMBER: We keep hearing that it's a
12 done deal. Is that the case or is it going to be
13 considered? The community crisis that we would be
14 in if, you know, if they end up getting what they
15 want.

16 MR. ROATE: Ma'am, in answer to that question,
17 the Board has not rendered a decision on this
18 project. So technically to answer your question,
19 no, it's not a done deal.

20 AUDIENCE MEMBER: Thank you. That's good to
21 know. Thank you.

22 MR. ROATE: Okay. Are there any other
23 questions?

24 AUDIENCE MEMBER: Do you know if the

1 transcript -- when the transcript will be
2 available online?

3 MR. ROATE: For this public hearing or for the
4 board meeting?

5 AUDIENCE MEMBER: For this.

6 MR. ROATE: Usually about 2 weeks. About 2
7 weeks from today.

8 Once again, the public has until
9 July 23rd to submit written comments.

10 Are there any other questions?

11 AUDIENCE MEMBER: Yes. OSF start doing your
12 job to save lives.

13 AUDIENCE MEMBERS: Yeah.

14 MR. ROATE: Are there any additional questions
15 at this time?

16 Seeing none, seeing that there are no
17 additional questions or comments, I deem this
18 public hearing adjourned.

19 Thank you.

20 (Meeting adjourned at 5:55 p.m.)

21

22

23

24

1 I, PAMELA S. MORGAN, Certified Shorthand
2 Reporter in the State of Illinois, do hereby
3 certify that the above Health Facilities and
4 Services Review Board Meeting was recorded
5 stenographically by me and was reduced to
6 typewritten form by means of Computer-Aided
7 Transcription.

8 I further certify that the foregoing
9 transcript is a true, correct, and complete record
10 of the testimony given and of all proceedings had
11 before me to the best of my ability.

12 I further certify that I am not a
13 relative, employee, attorney or counsel of any of
14 the parties, nor financially interested directly
15 or indirectly in this action.

16

17

18

PAMELA S. MORGAN

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PAMELA S. MORGAN, C.S.R. 084-001687

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