

1 Project 25-025, Northwestern Memorial Hospital,
2 Chicago.

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4 Docket No. 25-025 L

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6
7 Moderated by George Roate, Public Service
8 Administrator, Project Reviewer for HFSRB

9 Tuesday, August 5, 2025

10 11:00 a.m.

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12
13 George W. Dunne Cook County Administration Building
14 69 West Washington Street, 35th Floor
15 Chicago, IL 60602

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21 Reported by: Maureen Foody

22 JOB NO: 7523379

A P P E A R A N C E S

List of Attendees:

John Kniery, Administrator of HFSRB

Sharie Ryan, Office Coordinator for HFSRB

Blanca R. Dominguez, Legal Counsel For HFSRB

Mike Constantino, Project Reviewer For HFSRB

Carmen Chastainn, HFSRB Intern

Bridget Orth, Speaker

Peter Elexieff, M.D., Speaker

Alex Reardon, M.D., Speaker

Jessica Colin Escobar, M.D., Speaker

Kimberly Smith, Speaker

P R O C E E D I N G S

MR. ROATE: Good morning. My name is George Roate. I am accompanied by Mr. John Kniery, Board Administrator; Ms. Blanca Dominguez, Board Legal Counsel; Mr. Mike Constantino, Board Reviewer; Ms. Sharie Ryan, Board Administrative Assistant; and Ms. Carmen Chastainn, Board Administrative Intern.

We are from the Illinois Department of Public Health and represent the Illinois Health Facilities and Services Review Board. We are here to conduct a public hearing on the proposed project, known as Project 25-025, Northwestern Memorial Hospital, Chicago.

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 of a request for a public hearing regarding a master design project to construct a new patient services tower on the campus of Northwestern Memorial Hospital, located at 251 East Huron Street, Chicago, Illinois.

The estimated cost of this transaction

1 is \$56,242,369. The staff of the Illinois Health
2 Facilities and Services Review Board will conduct a
3 public hearing on Tuesday, August 5, 2025, beginning
4 at 11 a.m., at the offices of the Illinois Department
5 of Public Health, 69 West Washington Street, Chicago,
6 Illinois.

7 The hearing is open. It is an open
8 public meeting at which all parties interested will be
9 afforded an opportunity to present written and/or
10 verbal comments relevant to the project.

11 All allegations or assertions should be
12 relevant to the need for the proposed project and
13 supported by two copies of documentation or materials,
14 preferably printed or typed on 8 1/2 by 11 inches
15 paper.

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

22 All allegations or assertions should be
23 relevant to the need for the proposed project and be
24 supported with two copies of documentation or

1 materials that are printed or typed on paper, size
2 8 1/2 inches by 11 inches.

3 Consideration by the State Board has
4 been tentatively scheduled for the September 25, 2025,
5 board meeting.

6 If you have not done so, please sign in
7 using the appropriate registration forms. One form is
8 for individuals who want to provide testimony in favor
9 or opposition to the project. The other form is for
10 individuals who wish to register their attendance, who
11 do not wish to testify.

12 To ensure that the Illinois Health
13 Facilities and Services Review Board's public hearings
14 protect the privacy and maintain the confidentiality
15 of an individual's health information, "covered
16 entities," as defined by the Health Insurance
17 Portability Act of 1996, such as facilities, hospital
18 providers, health plans, healthcare clearinghouses,
19 submitting oral or written testimony that discloses
20 protected health information of individuals shall have
21 a written -- valid written authorization from that
22 individual.

23 The authorization shall allow the
24 covered entity to share the individual's protected

1 health information at this hearing. Those of you who
2 came with prepared text for your presentation may
3 choose to submit that text without giving testimony.
4 However, if you are giving oral testimony, please be
5 as brief as possible.

6 As per the legal notice, I would
7 appreciate two copies of your testimony. When you
8 make your presentation, please give the court reporter
9 the spelling of your complete name.

10 We have identified the chief
11 spokesperson for the applicant, and that individual
12 will make the first presentation. The remaining
13 testimony will be taken in the order of the names on
14 the registers. Please hold your questions until all
15 testimony is presented. Thank you.

16 At this time, the Board would like to
17 call Ms. Bridget Orth.

18 MS. ORTH: Good morning. I'm Bridget
19 Orth, B-R-I-D-G-E-T, last name O-R-T-H, Director of
20 Regulatory Planning for Northwestern Medicine.
21 Northwestern Medicine's mission is to put patients
22 first. For more than 50 years, NM has proudly served
23 the many diverse communities of the Chicago area and
24 beyond.

1 NM's legacy of excellence is evident in
2 the many awards and rankings achieved. Northwestern
3 Memorial Hospital is ranked number one -- is ranked
4 the number one hospital in Illinois by the U.S. News &
5 World Report for 13 consecutive years, with 11
6 nationally ranked specialties including cancer;
7 neurology and neurosurgery; and cardiology, heart and
8 vascular surgery.

9 NMH is the hub of Northwestern
10 Medicine's integrated academic medical health system
11 and is the top provider of high -- high-acuity cases
12 in Illinois for transplant, oncology, and heart and
13 vascular cases, and is the second-highest provider for
14 high-acuity neuroscience cases.

15 As an internationally renowned
16 integrated academic health system, NM understands the
17 unique opportunity, the responsibility -- and
18 responsibility to expand NM's world-class care for a
19 new era of medicine.

20 NM has a bold vision for the future of
21 healthcare in Chicago at Northwestern Memorial
22 Hospital to be a globally recognized destination for
23 expert care and world-class talent. Achieving this
24 vision and realizing its benefit for the patients and

1 communities that NMH serves, requires substantial
2 investments in a new facility and enhanced programs.

3 Among the most transformative plans is
4 constructing a new world class patient care
5 tower to consolidate care for the Robert H. Lurie
6 Comprehensive Cancer Center at NMH and allow for the
7 consolidation and expansion of cardiology, neurology,
8 and transplant services and pavilions across the
9 campus.

10 These changes will allow NMH to meet
11 both existing and projected patient demand for
12 high-acuity services, and we will continue to make
13 investments in communities throughout the Chicagoland
14 area, as we have with several outpatient sites opened
15 close to where patients live and work, to ensure
16 convenient access to world-class care, including in
17 Gurnee, the Old Irving Park neighborhood in Chicago,
18 and the Bronzeville neighborhood in Chicago.

19 We do not take this financial
20 investment lightly. If our master design project is
21 approved by the Health Facilities and Services Review
22 Board next month, we will spend the next 12 to 18
23 months working with our architects, engineers, and
24 other consultants, as well as the community alderman

1 and city leaders, to plan the new tower.

2 This is an important step in our
3 planning process, and we look forward to our review on
4 September 25th. Thank you.

5 MR. ROATE: Next, the Board would like
6 to call Dr. Peter Alexieff.

7 DR. ALEXIEFF: Thank you. Hello, my
8 name is Dr. Peter Alexieff, P-E-T-E-R, last name,
9 A-L-E-X-I-E-F-F. I am very grateful for this
10 opportunity to speak, and would like to -- to thank
11 the Board, as well as the other attendees here for
12 allowing us to -- to do this.

13 I also want to commend the previous
14 speaker for the various accolades and areas of
15 recognition that Northwestern Medicine has gotten as
16 an academic institution in the Illinois and greater
17 Chicago area.

18 And as a resident physician, I'm
19 employed by McGaw, working both in the Ann and Robert
20 H. Lurie Children's Hospital and Northwestern Medicine
21 Hospital.

22 I am cautiously optimistic about what
23 this new tower will be able to do for providing
24 increased -- potentially increased ICU beds, cancer

1 care beds, integrating the high-acuity subspecialties
2 that were previously mentioned.

3 However, there's also another form of
4 investment that I want to make sure that -- that
5 Northwestern is -- is paying attention to, which is
6 the investment of the people who are going to be the
7 frontline providers for these patients -- the resident
8 physicians and fellow physicians who are providing the
9 care that's helping build the world-class institution
10 that I'm proud to recognize as one I work for.

11 And I think that the -- you know, the
12 investment can be -- not only into facilities and
13 consolidation, but also into the -- the people that
14 will work there and provide the -- the world-class
15 care that we're all proud to be a part of. Thank you.

16 MR. ROATE: Next, the Board would like
17 to call Ms. Kimberly Smith.

18 MS. SMITH: Good morning. My name is
19 Kimberly, K-I-M-B-E-R-L-Y, last name is Smith, S-M-I-
20 T-H. So SEIU Healthcare is a union of 90,000
21 healthcare and social service workers, including more
22 than 1,500 service and support workers at Northwestern
23 Memorial Hospital.

24 We are writing today to express support

1 for Northwestern's application to design a new 200-bed
2 patient tower adjacent to the Northwestern Memorial
3 Hospital campus in Streeterville.

4 Our members have long expressed the
5 need for additional beds to counteract long wait
6 times -- 334 minutes compared to the national average
7 of 193 minutes, an Illinois average of 239 minutes --
8 and patients leaving before being seen in the
9 emergency department: 11 percent of patients, compared
10 to 2 percent nationally and 4 percent in Illinois.
11 The source is CMS Care Compare.

12 The new tower should provide additional
13 capacity to address these barriers to care. We are
14 concerned, however, that most few South and West
15 Siders, including a thousand of SEIU healthcare
16 members -- many of whom, and their family members,
17 depend on Medicaid, will not be able to access the new
18 facility, whether via the ED or a community access
19 point.

20 Last year, Medicaid patients accounted
21 for only 9 percent of total patient volume at NMH.
22 This, in stark comparison, for safety-net facilities,
23 that in which their payer mix includes upwards of 70
24 percent Medicaid patients.

1 We contend that NMH's MIUR remains
2 stubbornly low, in part due to the lack of access
3 points in high Medicaid communities with the greatest
4 unmet medical needs and the worst health outcomes
5 compared to the city at large.

6 Northwestern Medicine has already
7 joined the process of reversing decades of divestment
8 and the disappearance of community health
9 infrastructure by building a 1,200 -- 120,000 excuse
10 me, square foot, 130 million ,hospital in Bronzeville,
11 which will provide to an estimated 50,000 patient per
12 year.

13 Therefore, we urge Northwestern to
14 extend their investment beyond Bronzeville to
15 additional medically neglected communities across the
16 South and West Side. Our members look forward to
17 staffing the new facility, and hope that Northwestern
18 Medicine is accessible as possible for all Chicago
19 communities. Thank you.

20 MR. ROATE: Next, the Board would like
21 to call Alex Reardon.

22 DR. REARDON: Good morning, everyone,
23 and thanks for having us again. My name is Dr. Alex
24 Reardon. That's A-L-E-X, R-E-A-R-D-O-N. I'm a

1 resident physician specializing in emergency medicine
2 at Northwestern.

3 I know my colleagues and I chose to
4 practice medicine in Chicago so we could serve diverse
5 communities, advance healthcare, and address
6 healthcare inequities that are present in our city and
7 across the nation.

8 We've received high-quality training
9 throughout our residency, and we've also seen
10 firsthand the impacts of the long wait times that were
11 mentioned by the previous speaker.

12 Thank you for highlighting those.

13 And the delayed specialty care that
14 many of our patients have received. Every emergency
15 physician in our program and throughout the city can
16 tell you a story about an unexpected cancer diagnosis
17 and a patient who has had symptoms for months, or a
18 patient who couldn't get in for an elective procedure
19 and came back to the emergency department with related
20 complications.

21 From that perspective, I was excited to
22 hear about Northwestern's investment in a new tower
23 that would address some of the overcrowding issues and
24 increase access to oncological and surgical care in

1 the region.

2 However, I wish there was invest in
3 resident physicians, like me, who keep Chicagoland
4 healthy. As residents, we work 60 to 80-hour
5 workweeks, 24-hour shifts or longer, to ensure that
6 Illinoisans are cared for and healthy.

7 This can come at the expense of our own
8 mental and physical health, and for that reason, since
9 July of last year, my colleagues and I have been
10 bargaining for our first union contract to get the
11 support we need to better care for ourselves, so we
12 can better serve our patients.

13 We've heard repeatedly in bargaining
14 how McGaw Medical Center at Northwestern cannot afford
15 our proposals. They have already started to take away
16 some benefits, canceled our annual cost-of-living
17 raises, and refused to provide the same retirement
18 matching that everyone else in the building gets.

19 So it was shocking to me to learn that
20 they have \$56 million on hand to design a building,
21 while me and my colleagues are struggling to pay our
22 student loans, our rent, or any of the many fees we
23 encounter on our way to being attending physicians.

24 Illinois needs doctors. According to

1 the Cicero Institute, our state is projected to have a
2 shortage of over 6,000 doctors by 2030, just four and
3 a half years from now.

4 If Northwestern wants to be a top-tier
5 training hospital, and academic and quaternary center,
6 and continue to attract top talent from all over the
7 country, they need to bargain a contract that is on
8 par with their peer institutions.

9 We need them to invest in resident
10 physicians and fellow physicians so that we can draw
11 and retain more talent to the state. I ask you to
12 hold Northwestern accountable for keeping Illinois
13 healthy by investing in the people who work in its
14 buildings too. Thank you for your time and
15 consideration.

16 MR. ROATE: Next, the Board would like
17 to call Jessica Colin Escobar.

18 DR. ESCOBAR: Good morning. My name is
19 Jessica Colin Escobar, J-E-S-S-I-C-A, last name is
20 C-O-L-I-N, space, E-S-C-O-B-A-R. I'm a general
21 surgery resident at Northwestern Medicine.

22 I chose to train and serve in Chicago
23 because I'm committed to caring for diverse
24 communities and addressing health inequities that

1 exist both in our city and in our nation. I've been
2 fortunate to receive exceptional surgical training,
3 which I carry with a deep sense of purpose and
4 responsibility.

5 I appreciate Northwestern's investment
6 in a new hospital tower to expand patient care
7 capacity. However, I wish the same level of
8 commitment and investment extended to resident
9 physicians.

10 Since July of last year, my colleagues
11 and I have been bargaining for our first union
12 contract, fighting for the basic support we need to
13 care for ourselves and our patient -- patients.

14 Yet, McGaw Medical Center at
15 Northwestern has stalled negotiations, canceled our
16 annual cost-of-living raises, and we continue to
17 provide critical, life-saving care around the clock,
18 but are treated as if our time, health, and financial
19 stability do not matter.

20 It was drawing to learn that \$56
21 million had been allocated to designing a new
22 building, while residents are struggling to keep up
23 with student loan -- student loan payments and rent.

24 We return -- routinely work 80-hour

1 weeks, often including 24-hour shifts, holidays,
2 weekends, and are guaranteed just one day off each
3 week. We care for critically ill and dying patients,
4 often without scheduled breaks, and this level of
5 responsibility demands everything we have --
6 physically, mentally, and emotionally.

7 I earn about 79,000 per year. On
8 paper, that may sound fair, but when you break it
9 down, I am making less than \$19 an hour. I hold three
10 degrees -- a Master's in Business Administration, a
11 Bachelor's in science, and a medical doctorate -- and
12 I'm entrusted with lifesaving care.

13 Yet, I am compensated far below what
14 many other essential workers earn. Freezing our pay
15 while the cost of rent, groceries, and transportation
16 continues to rise is not just unfair, but harmful to
17 training doctors.

18 It worsens financial strain, undermines
19 morale, and threatens our wellness at a time when
20 burnout in medicine is already high. That is why our
21 union is essential. It gives us a collective voice to
22 demand for fair compensation.

23 I ask you to hold Northwestern
24 accountable. That hospital tower represents the

1 future of patient care, but it will only fulfill its
2 promise if the people inside, resident and fellows,
3 are supported.

4 We are ready to lead, to serve, and to
5 carry that future forward. Now it's time for
6 Northwestern to meet us with the same commitment we
7 show every day. When they invest in us, they invest
8 in the future of this institution and the health of
9 every patient we will care for. Thank you for your
10 time and consideration.

11 MR. ROATE: Is there anyone who wishes
12 to testify who has not had an opportunity? Seeing
13 none. Is there anyone who has testified who wishes to
14 provide additional testimony?

15 I would remind everyone to submit your
16 written comments to us so that we have this
17 information for the record. Also, this project is
18 scheduled for consideration by the Illinois Health
19 Facilities and Services Review Board, excuse me, at
20 its September 25, 2025, meeting.

21 This meeting will be held at the
22 Bolingbrook Municipal Golf Club, 2001 Rodeo Drive,
23 Bolingbrook, Illinois. The public has until September
24 5, 2025, to submit written comments. These comments

1 can be sent to my attention at the Illinois Health
2 Facilities and Services Review Board, care of the
3 Illinois Department of Public Health, 525 West
4 Jefferson Street, Springfield, Illinois 62761.

5 If you prefer, you may email your
6 comments. Our email address is
7 www.dph.hfsrb.illinois.gov.

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

11 (Whereupon, the meeting concluded at
12 11:20 a.m.)
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CERTIFICATE

I, MAUREEN FOODY, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings, prior to testifying, were duly sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

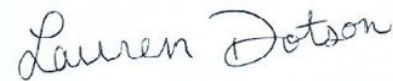
MAUREEN FOODY

Notary Public in and for the
State of Illinois



CERTIFICATE OF TRANSCRIBER

I, LAUREN DOTSON, do hereby certify that this transcript was prepared from the digital audio recording of the foregoing proceeding, that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

A handwritten signature in cursive script that reads "Lauren Dotson". The signature is written in dark ink on a light blue rectangular background.

LAUREN DOTSON

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Illinois Code of Civil Procedure

Article II, Part E

Rule 207, Signing and Filing Depositions

Signing and Filing Depositions

(a) Submission to Deponent; Changes; Signing.

Unless signature is waived by the deponent, the officer shall instruct the deponent that if the testimony is transcribed the deponent will be afforded an opportunity to examine the deposition at the office of the officer or reporter, or elsewhere, by reasonable arrangement at the deponent's expense, and that corrections based on errors in reporting or transcription which the deponent desires to make will be entered upon the deposition with a statement by the deponent that the reporter erred in reporting or transcribing the answer or answers involved. The deponent may not otherwise change either the form or substance of his or her answers. The deponent shall provide the officer with an electronic or physical address to which notice is to be sent when the transcript is available for examination and signing. When the deposition is fully transcribed, the officer shall deliver to the deponent, at the address supplied,

notice that it is available and may be examined at a stated place at stated times, or pursuant to arrangement. After the deponent has examined the deposition, the officer shall enter upon it any changes the deponent desires to make, with the reasons the deponent gives for making them. If the deponent does not appear at the place specified in the notice within 28 days after the mailing of the notice, or within the same 28 days make other arrangements for examination of the deposition, or after examining the deposition refuses to sign it, or after it has been made available to the deponent by arrangement it remains unsigned for 28 days, the officer's certificate shall state the reason for the omission of the signature, including any reason given by the deponent for a refusal to sign. The deposition may then be used as fully as though signed, unless on a motion to suppress under Rule 211(d) the court holds that the reasons given by the deponent for a refusal to sign require rejection of the deposition in whole or in part.

(b) Certification, Filing, and Notice of Filing.

(1) If the testimony is transcribed, the officer

shall certify within the deposition transcript that the deponent was duly sworn by the officer and that the deposition is a true record of the testimony given by the deponent. A deposition so certified requires no further proof of authenticity

(2) Deposition transcripts shall not be filed with the clerk of the court as a matter of course. The party filing a deposition shall promptly serve notice thereof on the other parties and shall file the transcript and any exhibits in the form and manner specified by local rule.

DISCLAIMER: THE FOREGOING CIVIL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE STATE RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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