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**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**TOUCHETTE REGIONAL HOSPITAL, PROJECT,**

**TOUCHETTE REGIONAL HOSPITAL, INC., AND SOUTHERN  
ILLINOIS HEALTHCARE FOUNDATION, INC., APPLICANTS**

**Project No. 11-005**

**PUBLIC HEARING**

**MARCH 16, 2011**

**ORIGINAL**

**NATIONWIDE SCHEDULING**

**OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield**

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(START TIME OF DEPOSITION: 1:22 P.M.)

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

TOUCHETTE REGIONAL )  
HOSPITAL, )  
PROJECT, )  
) )  
TOUCHETTE REGIONAL ) Project No. 11-005  
HOSPITAL, INC., AND )  
SOUTHERN ILLINOIS )  
HEALTHCARE )  
FOUNDATION, INC., )  
) )  
) )  
APPLICANTS. )

PUBLIC HEARING produced, sworn and  
examined on March 16, 2011, between the hours of  
eight o'clock in the forenoon and six o'clock in  
the afternoon of that day, at the offices of  
Centreville Illinois City Hall, 5800 Bond  
Avenue, Centreville, Illinois, 62207, before  
Karen Lynn, a Certified Court Reporter, and a  
Notary Public within and for the State of  
Illinois.

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A P P E A R A N C E S

For the State of Illinois Health Facilities  
and Services Review Board

State of Illinois  
Health Facilities and Services  
Review Board

By: Mike Constantino  
Courtney Avery  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62702  
(217) 782-3516  
mike.constantino@illinois.gov  
courtney.avery@illinois.gov

Court Reporter:  
Karen Lynn, CCR, CSR  
Midwest Litigation Services  
711 North Eleventh Street  
St. Louis, MO 63101  
(314) 644-2191  
1-800-280-3376

1           IT IS HEREBY STIPULATED AND AGREED, that  
2           this public hearing may be taken in shorthand by  
3           Karen Lynn, a Certified Court Reporter, and  
4           Notary Public and afterwards transcribed into  
5           typewriting.

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1 MR. CONSTANTINO: Good afternoon,  
2 everyone. My name is Mike Constantino. I'm  
3 with the Illinois Department of Public Health,  
4 and with me is Courtney Avery. She's the  
5 administrator for the Illinois Health Facilities  
6 and Services and Review Board. We're here to  
7 conduct a public hearing regarding project  
8 No. 11-005, Touchette Regional Hospital in  
9 Centreville.

10 As per the rules of the Illinois Health  
11 Facilities and Services Review Board, I would  
12 like to read the legal notice into the record:

13 Notice is given of the receipt of  
14 application for permit to discontinue and  
15 relocate an acute mental illness category of  
16 service. The applicants are Touchette Regional  
17 Hospital, Inc., and Southern Illinois Healthcare  
18 Foundation, Inc. The applicants propose to  
19 discontinue a 39-bed AMI category of service at  
20 Kenneth Hall Regional Hospital located at  
21 129 North A Street in East St. Louis and  
22 establish a 12-bed AMI category of service at  
23 its Centreville campus located at  
24 5900 Bond Avenue in Centreville. The estimated

1 cost of the project is \$750,000.

2 The application contained a safety net  
3 impact statement and was declared complete on  
4 January 10, 2011. A copy of the application may  
5 be viewed at the Illinois Health Facilities and  
6 Service Review office, 525 West Jefferson,  
7 Springfield, Illinois. To obtain a copy of the  
8 application, you can call the office at  
9 (217) 782-3516. Consideration by the  
10 state board has been tentatively scheduled for  
11 May 10, 2011.

12 Any person wanting to submit written  
13 comments on this project must submit these  
14 comments no later than April 20, 2011, to be  
15 considered by the state board members. The  
16 Illinois Department of Health will post its  
17 findings in a state agency report, and the  
18 report will be made available via the Internet  
19 on April 26, 2011. The public may submit  
20 written responses to this report in support or  
21 opposition of the findings of the Department.  
22 The public will have until 9:00 a.m.,  
23 April 30, 2011, to submit those comments. The  
24 Internet address is [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

1           If you have not done so, please sign in  
2 using the appropriate registration forms. One  
3 form is for individuals that want to provide  
4 testimony in favor of the project. Another form  
5 is for people to provide testimony in  
6 opposition. And the last form is for  
7 individuals, registered attendants who do not  
8 want to provide testimony.

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

23           Those of you who came with prepared text  
24 for your presentation may chose to submit that

1 text without giving testimony. However, if you  
2 are giving oral testimony, please be brief. I'm  
3 going to limit each oral presentation to five  
4 minutes. Should anyone want to speak for more  
5 than that, they may do so after everyone has an  
6 opportunity to speak. As per the legal notice,  
7 I would appreciate two copies of your testimony.

8           When you make your presentation, please  
9 give the court reporter the spelling of your  
10 complete name. If there's a chief spokesperson  
11 for the applicant, we would like that individual  
12 to make the first presentation. Please hold  
13 your questions until all the testimony is  
14 presented.

15           Is there someone from the applicant who  
16 wishes to make the first presentation?

17           DR. LOYND: My name is Christopher  
18 Loynd, spelled C-H-R-I-S-T-O-P-H-E-R, last name  
19 is L-O-Y-N-D.

20           TESTIMONY BY DR. LOYND:

21           MR. LOYND: Good afternoon. Thank for  
22 allowing me the opportunity to offer comments at  
23 this public hearing. My name is  
24 Christopher Loynd, and I am certified

1 psychiatrist. Currently I serve as the chair of  
2 the Department of Psychiatry for Touchette  
3 Regional Hospital. I also provide physician  
4 services for Touchette on an in-patient and  
5 out-patient basis. I have practiced as a  
6 psychiatrist in East St. Louis for the past four  
7 years at the Southern Illinois Healthcare  
8 Foundation offices at the Windsor Building. I  
9 am a graduate of the psychiatry residency  
10 program at Washington University and Barnes  
11 Hospital in St. Louis. I'm in support of the  
12 certificate of need to relocate behavioral  
13 health services from Kenneth Hall to Touchette  
14 Regional Hospital.

15 I would like to address the mental  
16 health aspects of this plan. Although,  
17 Touchette Regional Hospital is licensed for 39  
18 mental health beds, the average in-patient  
19 census has only been 12 patients over this past  
20 year, and over the past four months, our average  
21 in-patient census has only been 10 patients.

22 I believe the 12-bed unit that will be  
23 established at Touchette Regional Hospital can  
24 handle the volume that we are currently seeing

1 and would result in a better coordination of  
2 care. Many of the healthcare patients we see  
3 also have medical issues and we require medical  
4 consultations. To have the two services located  
5 on separate campuses, it can create somewhat of  
6 a challenge in coordinating both of those  
7 consultations.

8 A benefit of relocating the services to  
9 Touchette Regional Hospital would be the ability  
10 to have the coordinated care of both mental  
11 health issues with underlying medical needs.  
12 Rather than discontinuing the service like other  
13 hospitals have done, Touchette Regional Hospital  
14 is relocating the services to its main campus  
15 five miles away to gain greater efficiency.  
16 This makes sense because the majority of the  
17 patients treated by Touchette Hospital are from  
18 the immediate Metro East area.

19 Overall, about 85% of all the patients  
20 are from St. Clair County. Breaking that figure  
21 down, 63% of the patients that come from  
22 communities of Alorton, Centreville, Cahokia and  
23 East St. Louis and Washington Park; 19% of those  
24 are also from Belleville, Fairview Heights

1 O'Fallon and Swansea, and there are 3% that come  
2 from other communities in St. Clair County.

3 Touchette Regional Hospital has also  
4 demonstrated its commitment to mental health by  
5 expanding its out-patient services in the past  
6 three years. The three physicians that provide  
7 coverage to the in-patient unit at Kenneth Hall,  
8 including myself, have all indicated our support  
9 and our willingness to continue to provide  
10 mental health services once the services move to  
11 Touchette.

12 Even though the total number of beds  
13 will be less, the new unit at Touchette will be  
14 more modern and up-to-date and should be able to  
15 accommodate the patient's health. The existing  
16 behavioral health unit at Kenneth Hall is in  
17 need of updates and repairs similar to the rest  
18 of the whole Kenneth Hall facility.

19 In grateful -- in summary -- in summary,  
20 I'm grateful that Touchette Regional Hospital  
21 has chosen to maintain in-patient behavioral  
22 health services and to address the expressed  
23 concerns about additional losses of mental  
24 health issues in the southern Illinois area. I

1 am sure that others can provide more details  
2 regarding the financial situation that  
3 Touchette Regional Hospital is facing, but I am  
4 in full favor of the certificate of need to  
5 relocate the behavioral health services from  
6 Kenneth Hall campus to Touchette Regional  
7 Hospital and urge the Health Facilities and  
8 Services Review Board to approve the application  
9 as submitted. Thank you.

10 MR. CONSTANTINO: Pauline, could you  
11 give your complete name and spell it, please?

12 MS. MCCOTTRELL: My name is Pauline  
13 McCottrell, M-C-C-O-T-T-R-E-L-L.

14 TESTIMONY BY MS. MCCOTTRELL:

15 MS. MCCOTTRELL: I've lived in East  
16 St. Louis for 64 years. My first job was at  
17 St. Mary's Hospital, which is now Kenneth  
18 Regional. I oppose the closure. And the reason  
19 I oppose the closure is because we have people  
20 in East St. Louis that -- no transportation,  
21 don't have any way of coming to Centreville.

22 I only had three questions and my  
23 questions are:

24 September of 2007 the Belleville News

1 Democrat had an article, and it said that they  
2 were going to build a new hospital between  
3 Highway 255 for -- to attract paying patients,  
4 right? What happened to the hospital? Only  
5 thing I see is an overpass and it's in Cahokia.

6 My second question is tax dollars.  
7 East St. Louis has the highest multiplier on  
8 real estate taxes. Where does that money go?  
9 Can it help the hospital? Where is our money  
10 going? Why would you move it?

11 Okay. The third one is I feel that  
12 East St. Louis has been made a lot of promises  
13 that nobody has never really kept for us. We  
14 don't have anything. We really don't. And I'm  
15 concerned about also East Side Health District  
16 that this CO, John Cluck, this foundation  
17 doesn't have anything to do with trying to close  
18 East Side Health District.

19 Those are my only three questions.

20 Thank you.

21 MR. CONSTANTINO: Thank you very much.

22 James Propst.

23 DR. PROPST: My name is Dr. James

24 Propst, P-R-O-P-S-T.

1 TESTIMONY BY DR. PROPST:

2 DR. PROPST: Good afternoon. Thank you  
3 for the opportunity to comment. My name is  
4 Dr. James Propst. I'm the medical director of  
5 the emergency department at Touchette and  
6 Kenneth Hall hospitals. I've been an emergency  
7 medicine doctor for over ten years. I've been  
8 the director at Kenneth Hall and Touchette since  
9 2008, and by virtue of that experience, I feel  
10 qualified to make some comments on the proposal.

11 Since 2008, Kenneth Hall has served  
12 basically as a free-standing emergency  
13 department along with the mental health  
14 services. We do have support services of  
15 laboratory, x-ray and respiratory therapy.  
16 However, we do not have surgical services, ICU  
17 or medical-surgery beds at Kenneth Hall. There  
18 remain the in-patient psychiatric beds there  
19 since the change in 2008.

20 We work very closely with other  
21 entities, including the local ambulance  
22 services, primary MedStar, Dr. Jeff Schaefer,  
23 their regional director for Region 4 EMS, to  
24 ensure that patients get to the appropriate

1 facility given the limited services available  
2 in-patient wise at Kenneth Hall.

3           The number of patients that arrive at  
4 Kenneth Hall for emergency services that  
5 subsequently have to be transferred for critical  
6 services has been reduced by over 7% in that  
7 time. A few other statistics to give you an  
8 idea about the incidence of trauma and other  
9 care regarding transfer. On average about two  
10 patients a month arrive at Kenneth Hall that  
11 need to be -- that are considered needing trauma  
12 and need transport. Less than 5% of the  
13 patients that come into the Kenneth Hall  
14 emergency program via EMS services that are  
15 considered advanced life support. The remainder  
16 come either by private car or basic life support  
17 services. Statistically -- and I'll stop with  
18 this one. Statistically 94% of the patients  
19 seen at the emergency department at Kenneth Hall  
20 could be appropriately seen in an urgent care  
21 setting that is five or 6% patients of the  
22 patients that we see are true emergency  
23 patients.

24           Because of the downsize of the nature of

1 support services, it's difficult to provide  
2 subcare to patients under the circumstances.  
3 The physical plant, the infrastructure itself  
4 provides a lot of challenges, heating, plumbing,  
5 cooling, running water in some instances have  
6 been difficult for us to maintain the physical  
7 plant itself. In the summertime, the air  
8 conditioning unit has had continual need of  
9 repair and was not operational several times.  
10 Typically, emergency departments can be used as  
11 cooling centers. We were unable to provide even  
12 though services in the community due to the  
13 physical plant.

14 Touchette is certainly -- and Touchette  
15 and Southern Illinois have continued to share  
16 the burden economically of the challenges of  
17 keeping the facility operating considering the  
18 declining nature of the physical plant itself.

19 I am in full support of the certificate  
20 of need to close the emergency department at  
21 Kenneth Hall and open services that will  
22 continue to provide needed care for the  
23 community.

24 Again, the overwhelming majority of the

1 patients that are seen could be well served by  
2 an urgent care center located in the adjacent  
3 Windsor building.

4 Thank you.

5 MR. CONSTANTINO: Michael Gray, could  
6 you give your name and spell it, please?

7 TESTIMONY BY MR. GRAY:

8 MR. GRAY: Good afternoon, everybody.  
9 My name is Michael Gray. I'm a resident of  
10 Belleville. I am here today to ask you to  
11 please deny Kenneth Hall Regional Hospital's  
12 application to close the 39 acute mental health  
13 beds. I have watched with dismay over the years  
14 as businesses has left our city taking jobs,  
15 revenue with them. So it seems like a cruel  
16 joke when only -- when the only hospital in  
17 East St. Louis wants to close up shop. This  
18 will not be the first financial decision that  
19 negatively impacts East St. Louis, but it is a  
20 mistake that can be prevented.

21 Leaders of other hospitals expressed  
22 concern about the closure of Kenneth Hall  
23 Regional Hospital. Many worry that the closure  
24 of the 39 acute mental health beds would create

1 a shortage of beds for psychiatric patients.  
2 St. Anthony's CO has stated that the area  
3 already suffers from shortage of mental health  
4 resources, especially in-patient beds.

5           The certificate of need process was set  
6 up to insure that there is a plan distributing  
7 healthcare services across the communities and  
8 in a way that serves the public interest.  
9 Southern Illinois Healthcare Foundation wants to  
10 close the Kenneth Hall because -- I'm sorry --  
11 because it has become -- been losing money, but  
12 healthcare is a very special kind of service,  
13 and a system for providing healthcare cannot be  
14 left up to independent groups or companies  
15 pursuing their own agendas or profits. Let's  
16 make decisions about communities, health and  
17 access to healthcare based on our communities,  
18 not for profit.

19           I'm asking you to please deny  
20 Kenneth Hall Regional Hospital to close the  
21 mental health services because there is a need  
22 for mental health beds in East St. Louis.

23           Thank you.

24           MR. CONSTANTINO: Larry McCulley.

1 MR. MCCULLEY: Larry McCulley,  
2 L-A-R-R-Y, M-C-C-U-L-L-E-Y.

3 TESTIMONY BY MR. MCCULLEY:

4 MR. MCCULLEY: Good afternoon, Larry  
5 McCulley, and I am president and CEO of  
6 Touchette Regional Hospital and Southern  
7 Illinois Health Care Foundation. I want to  
8 thank you for giving me the opportunity to speak  
9 on behalf of the hospital and the Foundation  
10 concerning today's action. I have worked for  
11 the Foundation for the last 14 years -- and I  
12 also want to extend a thank you to the HFS and  
13 review board for coordinating today's public  
14 hearing and for being here in our community.

15 I am here today to talk about the  
16 necessity of the certificate of need to close  
17 the 39 behavioral health beds at Kenneth Hall  
18 Regional Hospital and to re-establish  
19 12-licensed beds on the campus of  
20 Touchette Regional that is located just four  
21 miles away. I also must note that the CON could  
22 close the emergency department at Kenneth Hall  
23 Regional Hospital, and, therefore, it is our  
24 intent to staff an urgent care center in the

1 Windsor Medical Building adjacent to the  
2 Kenneth Hall property.

3           Our decision was not an easy decision.  
4 It was based upon one of necessity. Our  
5 decision allows us to maintain behavioral health  
6 services. Our decision continues our strong  
7 Charity Care Program and to financially  
8 stabilize Touchette Regional Hospital so we can  
9 continue our mission to serve this region.  
10 Without this change, we face not only the  
11 elimination of key services, but we also face  
12 the catastrophic failure and closure of both  
13 facilities that will cost nearly 700 jobs if  
14 that happens. We cannot allow both facilities  
15 to close.

16           The importance of behavioral health  
17 services to this area is why we feel it is  
18 prudent to invest and relocating the services to  
19 our main campus to continuance of behavioral  
20 health services.

21           Our plan integrates behavioral health  
22 services at our main campus in  
23 Centreville, Illinois by creating a 12-bed unit.  
24 Because of the space availability, that was the

1 largest number of beds we were able to locate in  
2 that facility. Our most recent analysis, as  
3 mentioned by Dr. Propst, reflects that the  
4 12-bed unit can accommodate the average number  
5 of behavioral health beds that we have incurred  
6 since October of 2010 where we've averaged ten  
7 patients per day. A lot of that is a result of  
8 a long-term standing psychiatrist who is  
9 migrating into retirement and whose  
10 high-admission pattern has increased the  
11 admission to the hospital.

12 The positive piece of this transition is  
13 for the patient. The patient in an integrated  
14 environment receives both the behavioral  
15 healthcare and the care coordination with the  
16 healthcare providers at that one campus.

17 A second key part of our decision was  
18 the importance of insuring that we continue to  
19 offer access to all people in our community that  
20 needs hospital-based service.

21 Touchette Regional Hospital provided over  
22 \$7 million in Charity Care in 2010, to patients  
23 in the greater East St. Louis area and  
24 surrounding communities. Our Charity Care

1 percentage, as reported by the Illinois  
2 Department of Health, for 2009 was 6.93%. That  
3 was over four times higher than the other two  
4 hospitals in St. Clair County. Our charity  
5 program is a critical component for our mission  
6 and the reason why many people in our community  
7 can still receive hospital services. Our  
8 Charity Care Program has increased each of the  
9 last two years, from 5.1 million in 2008 to  
10 6.6 million in 2009 and over seven million in  
11 2010.

12 Our Charity Care Program provides  
13 assurance that the most vulnerable people in our  
14 community still have access. To continue to  
15 provide this access, we have to stabilize the  
16 financial position of the hospital so we do not  
17 face the closure of both facilities. Some of  
18 the financial and operational hardships  
19 Touchette Regional has with operating  
20 Kenneth Hall includes that we only use 8% of the  
21 226,000-square foot building for patient-related  
22 services. It's 19,500 square feet. The need  
23 and the desire is to partner with developers for  
24 transition of that work ability, the

1 Kenneth Hall facility, into a mixed-use facility  
2 that helps anchor the redevelopment of downtown  
3 East St. Louis.

4 This proposed renovation will target the  
5 developing of housing for seniors, low-income  
6 families, assisted living and those seeking  
7 residency in a prime location in downtown  
8 East St. Louis. Additional space will be used  
9 to target commercial businesses and local  
10 agencies. Our efforts will be and are being  
11 coordinated with the city.

12 We incur over \$3,000,000 in losses by  
13 operating behavioral health services at the  
14 Kenneth Hall campus. These financial losses are  
15 the result of annual operational costs that  
16 provide redundant support and maintain services  
17 in an underutilized, outdated facility that  
18 dedicates less than 12,000 square feet to  
19 delivery in-patient health services. It  
20 includes an emergency department that losses an  
21 estimate mated \$2.2 million a year operating out  
22 of 7,500 square feet. The burden of this  
23 financial impact on the emergency room is for an  
24 emergency room that has transitioned since 2008

1 into a service that is really focused on urgent  
2 care level of acuity.

3           While Touchette will be closing the  
4 emergency room, we plan to equip and staff an  
5 urgent care site on the adjacent  
6 Windsor Building, as previously mentioned. We  
7 estimate that we will incur a loss to provide  
8 that service of one million dollars a year.  
9 Operating the two campuses requires us to  
10 support over one million dollars in costs for  
11 utilities, plant operations, maintenance,  
12 repairs, insurance, security and supplies. This  
13 is a cost we incur to support just eight percent  
14 of the entire building that is used for  
15 behavioral health and emergency services. In  
16 2010, Touchette spent \$9,000 on repairs to  
17 piping, plumbing, emergency electrical generator  
18 for the campus.

19           We estimate there would be impact of 50  
20 employees. We hope through the transition and  
21 attrition that impact would be less than 25.  
22 This transition will allow, more importantly, us  
23 to maintain over 40 jobs that would have to have  
24 been lost if that facility would closed

1 altogether.

2 Another factor is that this year the  
3 Kenneth Hall facility will be required to invest  
4 \$5.89 million for repairs and upgrades as  
5 required by IDPH to mandate compliance with fire  
6 codes, elevators, electrical deficiencies  
7 throughout the building. Touchette does not  
8 have that level of capital to invest in these  
9 extensive repairs.

10 Touchette is also being forced to  
11 consider financial reductions to address cuts  
12 from the Medicaid program. Reductions that will  
13 be up to \$2.3 million for Touchette Regional  
14 Hospital. Our financial outlook for  
15 Touchette Regional Hospital behavioral health  
16 and continue to healthcare access through a  
17 charity program is dependent on the physical  
18 integration of these two campuses. By reducing  
19 approximately \$5.5 million in annual losses from  
20 operating the Kenneth Hall campus, we can  
21 stabilize the financial health and Touchette  
22 Regional Hospital and continue the access to our  
23 hospital-based care for this region, including  
24 behavioral health services. Without this plan

1 moving forward, we are faced with the loss of  
2 behavioral health and possibly that of the  
3 entire Touchette Regional Hospital system.

4 In summary, I recognize the necessity of  
5 the certificate of need to discontinue the  
6 behavioral services at Kenneth Hall and  
7 establish the new beds at Touchette Regional and  
8 close the emergency department at Kenneth Hall  
9 as well.

10 I thank you for your consideration on  
11 this important and needed decision and propose  
12 that you help us with our sustainability plan.

13 MR. CONSTANTINO: Steve Lawrence?

14 MR. LAWRENCE: I'm not speaking.

15 MR. CONSTANTINO: Clair Rinally  
16 (phonetic)?

17 Anyone else like to speak?

18 For those of you who have written  
19 comments, could you please turn them in so I  
20 could get them to the board members?

21 Anyone else that would like to speak?

22 Once again, I would like to tell you  
23 this project is scheduled for the May 10, 2011,  
24 state board meeting. The public has until

1 April 20, 2011, to submit written comments.  
2 These comments can be sent to my attention at  
3 the Illinois Department of Public Health,  
4 525 West Jefferson, Second Floor,  
5 Springfield, Illinois 62761.

6 If you prefer, you may fax your  
7 comments. Our fax number is (217) 785-4111.

8 Are there any questions?

9 MS. MCCOTTRELL: When I got up and made  
10 my testimony, I had three questions and the  
11 questions were never answered. And I want to  
12 know are with we going to get a new hospital  
13 over 255?

14 MR. CONSTANTINO: This is just a public  
15 hearing in which there's no -- it's not a  
16 question-and-answer session. We just take  
17 testimony.

18 MS. MCCOTTRELL: That is what I wanted  
19 to know, three questions answered.

20 MR. CONSTANTINO: We don't do that here,  
21 ma'am.

22 Any other questions?

23 If there's no additional questions or  
24 comments, I deem this public hearing adjourned.

1 Thank you.

2 (WHEREIN, the deposition was concluded

3 at 1:33 p.m.)

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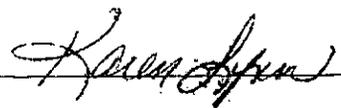
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CERTIFICATE OF REPORTER

I, KAREN LYNN, a Certified Shorthand Reporter (IL), and a Notary Public within and for the State of Illinois, do hereby certify that the witness whose testimony appears in the foregoing public hearing was duly sworn by me; that the testimony of said witness was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this public hearing was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



Notary Public within and for  
the State of Illinois  
IL CSR #084-00284

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