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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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HEALTH FACILITIES AND SERVICES REVIEW BOARD

TOUCHETTE REGIONAL HOSPITAL, PROJECT,

TOUCHETTE REGIONAL HOSPITAL, INC., AND SOUTHERN
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(START TIME OF DEPOSITION: 3:56 P.M.)

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STATE OF ILLINOIS
 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
 East St. Louis Municipal Building, 301 Riverpark
 Drive, East St. Louis, Missouri, 62205, 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
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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: Could I have your
2 attention, please? Good afternoon. My name is
3 Mike Constantino. I'm with the Illinois
4 Department of Public Health. With me today, is
5 Courtney Avery, the administrator of the
6 Illinois Health Facilities and Services Review
7 Board.

8 We're here to conduct a public hearing
9 regarding Project 11-005, Touchette Regional
10 Hospital in Centreville. This is not a
11 question-and-answer session. Courtney and I are
12 here to take testimony only and provide that
13 testimony to all of the board members. Once
14 again, I remind you this is not a
15 question-and-answer session.

16 As per the rules of the Illinois Health
17 and Facilities and Services Review Board, I
18 would like to read the legal notice into the
19 record:

20 Notice is given of the receipt of an
21 application of permit to discontinue and
22 relocate an acute mental health illness category
23 of service. The applicants are Touchette
24 Regional Hospital, Inc., and Southern Illinois

1 Healthcare Foundation -- excuse me -- Inc. The
2 applicants proposed to discontinue a 39-bed AMI
3 category of service at Kenneth Hall Regional
4 Hospital, 129 North A Street, East St. Louis,
5 Illinois and establish a 12-bed AMI category of
6 service at its Centreville campus located at
7 5900 Bond Avenue in Centreville. The
8 approximate cost of the project is \$750,000.

9 In addition, the application contained a
10 safety net impact statement and was declared
11 complete on January 10, 2011. A copy of the
12 application may be viewed at the Illinois Health
13 Facilities and Services Review Board, 525
14 West Jefferson, Springfield. To obtain a copy
15 of the application, you can call the office for
16 details and copying fees at (217) 782-3516.
17 Consideration by the state board is tentatively
18 scheduled for the May 10, 2011, state board
19 meeting.

20 Any person wanting to submit written
21 comments on this project must submit those
22 comments by April 20, 2011. The Illinois
23 Department of Public Health will post its
24 finding in a state agency report, and that

1 report will be made available via the Internet
2 April 26, 2011. The public may submit written
3 responses in support or in opposition to the
4 findings of the Illinois Department of Public
5 Health. The public will have until 9:00 a.m.,
6 April 30, 2011, to submit those comments. The
7 Internet address used to access this report is
8 www.hsfrb.illinois.gov.

9 If you have not done so, please sign in
10 using the appropriate registration forms. One
11 form is for individuals in support of the
12 project. One form for individuals in
13 opposition, and one for people in attendance
14 only and not providing testimony.

15 To ensure the Illinois Health Facilities
16 and Review Board public hearings project the
17 privacy and maintain the confidentiality of an
18 individual's health information, the covered
19 entities as defined by the Health Insurance
20 Potability Act of 1996, such as facilities,
21 hospital providers, health plans and healthcare
22 clearinghouses, submitting oral or written
23 testimony that discloses protected health
24 information of individuals shall have a valid

1 written authorization from that individual. The
2 authorization shall allow the covered entity to
3 share the individuals protected health
4 information at this hearing.

5 Those of you who came prepared with
6 prepared text for your presentation may chose to
7 submit that text without giving testimony.
8 However, if you're giving oral testimony, please
9 be brief. I'm going to limit each oral
10 presentation to five minutes. Should anyone
11 want to speak for more than five minutes, they
12 may do so after everyone has had an opportunity
13 to speak.

14 As for the legal notice, I would
15 appreciate two copies of your testimony. When
16 you make your presentation, please give the
17 court reporter the spelling of your complete
18 name. If there's a chief spokesperson for the
19 applicant, we would like that individual to make
20 the presentation now. The remaining testimony
21 will be taken in the order of the names on the
22 registers. Please hold your questions until all
23 testimony is presented.

24 Is there someone from the applicant who

1 wishes to make the first presentation?

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

4 TESTIMONY BY MR. MCCULLEY:

5 MR. MCCULLEY: Good afternoon. My name
6 is Larry McCulley and I am the president and CEO
7 of Touchette Regional Hospital and Southern
8 Illinois Healthcare Foundation. I want to thank
9 you for allowing me the opportunity to speak
10 here today, and I also want to thank HSF and the
11 review board for helping to coordinate today's
12 public hearing and for coming to our community.

13 I have been employed with the Southern
14 Illinois Healthcare Foundation system for over
15 14 years, and I'm hear today to talk about the
16 necessity of the certificate of need to close
17 the 39-licensed bed at the campus of
18 Kenneth Hall and re-establish 12-licensed beds
19 on the campus of Touchette Regional Hospital
20 that is just located four miles -- just a little
21 over four miles away from Kenneth Hall. I also
22 must note that the CON request the closure of
23 the emergency room at Kenneth Hall Regional
24 Hospital, and, therefore, it is our intent to

1 staff an urgent care center in the adjacent
2 Windsor Health Building located next to the
3 hospital.

4 Our decision was not easy, but it is one
5 that is based on necessity. Our decision allows
6 us to maintain behavioral health services. Our
7 decision allows us to maintain a strong
8 Charity Care Program, and our decision allows us
9 to financially stabilize Touchette Regional
10 Hospital so we can continue our mission and
11 purpose to serve this region.

12 Without this change, we face not only
13 the elimination of key services, but we also
14 would face the catastrophic failure and the
15 closure of both facilities, which would have
16 cost -- which would cost nearly 700 jobs in this
17 region. We cannot allow both facilities to
18 close.

19 The importance of behavioral health
20 services to this area we feel is prudent for us
21 to invest the time and effort to relocate those
22 behavioral health beds from Kenneth Hall
23 Regional Hospital from Touchette. Our plan to
24 integrate the behavioral health services at our

1 main campus in Centreville, Illinois will be
2 done so by creating 12-licensed beds. We are
3 able to achieve licensed beds because that's the
4 largest amount of space that we could contribute
5 12 beds into. Our analysis indicates that our
6 ability to absorb the demand can be accommodated
7 by those 12-licensed beds. And I mention that
8 because in -- since October of 2010, the amount
9 of daily average census of our behavioral beds
10 has been ten, partly due to the fact that a key
11 psychiatrist that is on staff that has had a
12 high-admitting pattern in the past is gradually
13 moving into retirement.

14 A very positive outcome here is that
15 patients -- behavioral health patients by being
16 located on the Touchette Regional campus will
17 now be able to receive complete integrated care
18 between our primary care and behavioral health
19 staff improving the care coordination of that
20 team.

21 A second key part of your decision was
22 the importance of assuring that we can continue
23 to offer access to all the people in our
24 community that need hospital-based services.

1 Touchette Regional Hospital provided over
2 \$7 million in Charity Care in 2010 for folks in
3 the greater East St. Louis and surrounding
4 communities. Our Charity Care percentage, as
5 reported by the Illinois Department of Public
6 Health, for 2009 was 6.3%. That was over four
7 times higher than two other hospitals in
8 St. Clair County. Our Charity Care Program is a
9 critical component of our mission and the reason
10 why many people in our community can still
11 receive access to hospital service.

12 Our Charity Care Program has increased
13 each of the last three years. It went from
14 5.1 million in 2008, to 6.6 million in 2009, to
15 over seven million in 2010. Our
16 Charity Care Program provides assurance that the
17 most vulnerable patients in our community still
18 have access to healthcare services.

19 For us to continue to provide this
20 access, we have to stabilize the financial
21 position of the hospital so we do not face the
22 closure of both facilities. Some of the
23 financial and operational hardships that
24 Touchette Regional has in operating Kenneth Hall

1 include that we only use 8% of a 226,000
2 square-foot facility for patient care services.
3 That's 19,500 square feet dedicated to patient
4 care services.

5 That building with it's historical
6 value, it is our desire to make sure that
7 building doesn't become an eyesore. It is our
8 desire to work with partners and developers to
9 use that building, that historical landmark to
10 help create an anchor for the redevelopment of
11 downtown East St. Louis. We want to look at
12 that facility and renovate it to target the
13 housing for seniors, low-income families,
14 assisted-living opportunities and those that are
15 seeking prime residency in downtown
16 East St. Louis. We are also looking at
17 additional space that would be allocated for
18 leasing opportunities to commercial business and
19 local support agencies, and we are dedicated to
20 working closely with the City of East St. Louis
21 and its leadership to make sure we can help push
22 this redevelopment.

23 Another fact is we incur over \$3 million
24 in loss by operating the behavioral health

1 services on the Kenneth Hall campus. Those
2 financial loses are the results of annual
3 operational costs to provide redundant support
4 and maintain services in an underutilized,
5 outdated facility that dedicates less than
6 12,000 square feet for behavioral health
7 services.

8 Another factor is the emergency
9 department on Kenneth Hall campus loses
10 \$2.2 million annually and operates out of
11 7,500 square feet. The burden of that financial
12 loss actually comes at the hands of what we've
13 seen -- emergency room transition since 2008
14 from a true emergency room department to an
15 emergency department that really is serving the
16 urgent care needs of the city. In fact, 94% of
17 the patients that go through our emergency room,
18 or 12,301, actually could be served more
19 effectively in an urgent care environment.
20 While Touchette is planning on closing the
21 emergency room, as I mentioned earlier, our
22 intent is to staff and equip urgent care scare
23 center inside of the Windsor facility.

24 Operating two campuses requires us to

1 support over one million dollars in annual costs
2 for utilities, plant operations, maintenance,
3 repairs, insurance, security and supplies. This
4 cost we incur to support just eight percent of
5 226,000-square foot facility dedicated to
6 patient care.

7 TRH spent \$90,000 in repairs to piping,
8 plumbing and emergency electrical generator for
9 the Kenneth Hall campus. Of concern, we know
10 that this transition will impact employees and
11 jobs, potentially up to 50 jobs. It is our
12 intent that over the time period to lessen that
13 by using attrition efforts, by filling those
14 openings with temporary staff so that we can
15 help provide assurances that our full-time,
16 permanent staff can be retained as much as
17 possible. We want to minimize that impact.

18 Another factor in our decision was that
19 this year the Kenneth Hall facility will need to
20 have \$5.8 million in new investments to repair
21 and provided upgrades for required Illinois
22 Department of Public Health mandated compliance
23 for fire codes, elevators an electrical
24 deficiencies throughout the building. TRH does

1 not have this level of capital to invest in that
2 level of repair and compliance.

3 Touchette is also being faced with a
4 considerable financial reduction from Medicaid
5 to address the state-wide cuts to the Medicaid
6 program. Right now Touchette is faced with
7 potentially looking at another additional
8 \$2.3 million proposed cut by the state of
9 Illinois. Our financial outlook for maintaining
10 Touchette Regional Hospital with behavioral
11 health and continued healthcare access through
12 our Charity Care Program is dependent upon to
13 the physical integration of these two campuses.
14 By reducing the proximate \$5.5 million in annual
15 losses from Kenneth Hall campus operations, we
16 can stabilize the financial health of
17 Touchette Regional Hospital and continue access
18 to hospital-based care, including behavioral
19 health services. Without this plan moving
20 forth, we are faced with a loss of behavioral
21 health services and potentially the entire
22 Touchette Regional Hospital operation.

23 In summary, I recognize the necessity of
24 the certificate of need to discontinue to

1 behavioral health services at Kenneth Hall and
2 establish those at Touchette and to close the
3 emergency department at Kenneth Hall Regional
4 Hospital with the intent to staff and equip an
5 urgent care facility.

6 I thank you for your consideration on
7 our proposed sustainability plan and maintaining
8 healthcare services in the area.

9 MR. CONSTANTINO: Cynthia Elliott.

10 MS. ELLIOTT: Yes, sir.

11 MR. CONSTANTINO: Could you please spell
12 your name for us.

13 MS. ELLIOTT: C-Y-N-T-H-I-A,
14 E-L-L-I-O-T-T.

15 TESTIMONY BY MS. ELLIOTT:

16 MS. ELLIOTT: I'm here with SEIU Indiana
17 -- Illinois/Indiana. I am here to just let you
18 know that we are people standing strong letting
19 you know that we are people that is committed to
20 talk about our necessities in our area. We have
21 to come forward to fight because our numbers is
22 not as large as some but we try to be numbers in
23 voices to let you know that we have a need here.
24 We have family members that need the urgent

1 care. We have people that have low income
2 because it's all what we have here. Our revenue
3 here is lacking because the finances that we
4 need is not here. State revenue has cut back;
5 social services has cut back.

6 We have to realize we're trying to build
7 our lives on something we don't have. We have
8 to realize the people of this city meet all we
9 have. You move a hospital out of one area and
10 crowd them up in another, and then we still
11 don't get facilitation from the hospital because
12 they're overcrowded on not having enough space.
13 We have to realize, too, that our families need
14 help. Not only that we need an urgent care,
15 where if we get shot or somebody shot us down on
16 the street for no reason or run over us, we need
17 a hospital that's going to protect us and take
18 care of our needs.

19 We have to realize also that our mental
20 health -- we have plenty here that need the
21 facility in order to be diagnosed. We need to
22 find some kind of way to bring our doctors back
23 into the city and find some to draw them, to
24 show them that we have a need here.

1 I want to thank you very much.

2 MR. CONSTANTINO: Thank you, ma'am.

3 MS. ELLIOTT: To you let know that, hey,
4 the smaller people in larger numbers is trying
5 to speak out to let you know that our need for
6 the people is great. It isn't that counting
7 beds or the amount of money that you take, but
8 we need to find some kind of way that we can get
9 the state to give us better revenue in order to
10 keep our facilities open.

11 Thank you.

12 MR. CONSTANTINO: James Propst.

13 DR. PROPST: James, J-A-M-E-S, Propst,
14 P-R-O-P-S-T.

15 TESTIMONY BY DR. PROPST:

16 DR. PROPST: Hello. Good afternoon.
17 I'm Dr. James Propst. I appreciate the
18 opportunity to speak this afternoon. I'm the
19 medical director of Touchette Regional Hospital.
20 I work at both Touchette and both Kenneth Hall
21 Hospital emergency departments. I have been
22 serving as the medical director since 2008. As
23 such, I feel qualified to make a few comments on
24 this proposal.

1 Since 2008, Kenneth Hall has been served
2 essentially as a fee-standing emergency
3 department along with in-patient mental health
4 services. We have a support services at the
5 hospital, including the laboratory, x-ray and
6 cardiopulmonary services, but we do not have
7 surgical services, intensive care or
8 medical-surgical beds. The only in-patient beds
9 at the facility are behavioral health beds.

10 Since 2008, patients presenting to the
11 emergency department at Kenneth Hall that have
12 needed a higher level of care have been
13 transferred either to Touchette or to other
14 hospitals in the surrounding area. We have
15 worked closely with the regional board director,
16 Dr. Jeffrey Schaefer, along with the local
17 ambulance services, for instance, MedStar, to
18 insure that patients get to the appropriate
19 level of care.

20 The number of patients that arrive at
21 Kenneth Hall that subsequently have to be
22 transferred to other hospitals for critical
23 service over this time has been reduced by over
24 70%. A few brief numbers to give you a little

1 breakdown on that. Typically only two patients
2 a month on average present to the emergency
3 department with what would be considered
4 immediate trauma. Less than 5% of the patients
5 come to the Kenneth Hall campus via advanced
6 cardio life support ambulance services. And,
7 finally, as already has been mentioned, more
8 than 94% of the patients seen in the emergency
9 department could appropriately be seen in an
10 urgent care setting rather than a full-fledged
11 emergency department.

12 A couple of comments on the physical
13 plan itself. There are certainly challenges
14 operating out of this facility. The age of the
15 facility requires ongoing treatment of the
16 heating, plumbing, cooling and other systems
17 that oftentimes present major challenges on a
18 day-to-day basis. During this past summer, the
19 air conditioning unit itself was down a number
20 of times, which precluded us serving as a
21 cooling center, which most emergency departments
22 are usually able to manage. In addition,
23 Touchette bears the burden financially for
24 trying to maintain this physical plant.

1 I would like to conclude by saying we
2 have a commitment to the community and citizens
3 that they need, but for the overall benefit, I
4 believe this is the right move to transfer the
5 behavioral health beds at the Touchette campus
6 and urgent care facility to provide the care.

7 MR. CONSTANTINO: Thank you. Ms. Yates.

8 MS. YATES: T-A-M-I-K-A, Y-A-T-E-S.

9 TESTIMONY BY MS. YATES:

10 MS. YATES: My name is Tamika Yates, and
11 I am a member of SEIU, but I'm here to give you
12 kind of a story about my grandmother in 2006.

13 In July 2006, she was rushed to the
14 hospital, but before the ambulance driver put
15 the oxygen and everything on her, she asked if
16 she could be take to where her doctor is at
17 Touchette Regional Hospital. The ambulance
18 driver made a made very, very -- made the right
19 decision, I should say. Because he told her,
20 ma'am, we have no idea why you can't breathe, we
21 have no idea what's going on with you. We have
22 to get you to the closest hospital there is. At
23 that time, it was Kenneth Hall, and it saved her
24 life. Because when she got there, they had to

1 revive here three times.

2 And the craziest part about it is she
3 said to that ambulance driver, as he wheeled her
4 in, thank you, because she went out and fainted
5 in the ambulance.

6 She had a blood clot in her lung the
7 size of an egg. Time did matter. The five
8 miles that you-all are saying -- it's only five
9 miles away to get to Touchette Regional
10 Hospital. At that moment, five miles would not
11 have helped my grandmother in July. Of course,
12 she did pass away six days later, but at that
13 moment, that was six extra days we had to spend
14 with her because of the decision he made to get
15 her to the closest facility.

16 I know that you-all see the downfall of
17 keeping Kenneth Hall, and we understand that.
18 But my thing I listened at the first meeting at
19 1:00 and the urgent care unit in City of East
20 St. Louis would not be enough. We may need
21 something more. If there is any way to kind of
22 bring forth something extra, not just the mental
23 health beds but -- not only the mental health
24 beds but something for the City of East

1 St. Louis. We need some kind of emergency care.

2 That's it.

3 MR. CONSTANTINO: Chris Loynd.

4 DR. LOYND: Christopher Loynd,
5 C-H-R-I-S-T-O-P-M-E-R, L-O-Y-N-D.

6 TESTIMONY BY DR. LOYND:

7 DR. LOYND: Good afternoon. Thank you
8 for allowing me to offer comments on this public
9 hearing. My name is Christopher Loynd. I'm a
10 board certified psychiatrist and currently serve
11 as the chair of the department of psychiatry for
12 Touchette Regional Hospital. I provide both
13 in-patient and out-patient services for
14 psychiatry needs at Touchette, and I currently
15 also practice as a psychiatrist in
16 East St. Louis at the Windsor Building for the
17 last four years with Southern Illinois
18 Healthcare Foundation.

19 I finished -- I graduate from the
20 residency in psychiatry at Washington University
21 in St. Louis at Barnes Hospital, and I am
22 currently in support of the certificate of need
23 to relocate behavioral health services from
24 Kenneth Hall to Touchette Regional Hospital.

1 I would like to address the mental
2 health aspect of this plan. Although, Touchette
3 Regional Hospital is licensed for 39 mental
4 health beds, the average in-patient census has
5 been 12 patients over the past year. And over
6 the past four months, the census has only been
7 10 patients. I believe the 12 patient -- the
8 12-bed unit that will be established at
9 Touchette Regional Hospital can handle the
10 volume we are currently seeing and result in the
11 better coordination of care.

12 Many of your mental health patients also
13 require medical consultations and having two
14 services located on separate campuses can create
15 a bit of challenge when coordinating both
16 medical and psychiatric care. The benefit of
17 relocating the services to Touchette will be the
18 ability to have better coordinated care for our
19 mental health patients who often have underlying
20 mental needs and need them taken care
21 emergently.

22 Rather than just discontinuing the
23 services, like many other hospitals have done,
24 Touchette has relocated the service to its main

1 campus five miles away to gain this greater
2 efficiency. This makes sense because the
3 majority of patients treated at Touchette are
4 from the Metro East immediate are. Overall 85%
5 of all patients come from St. Clair County. And
6 breaking that figure down, 63% of the patients
7 come from Alorton, Cahokia, Centreville,
8 East St. Louis, Washington Park; 19% come from
9 Belleville, Fairview Heights, O'Fallon, Swansea,
10 and three percent come from other communities in
11 St. Clair.

12 Touchette Regional Hospital also has
13 demonstrated its commitment to continue and
14 expand mental health services for the past three
15 years. The three psychiatrists that currently
16 provide coverage on an in-patient -- on the
17 in-patient unit at Kenneth Hall have all agreed
18 and indicated their support and willingness to
19 continue to provide services and coverage if we
20 are to move to Touchette.

21 Even though the total number of beds
22 will be less on the new unit, we will have more
23 modern updates to the unit, and that we'll be
24 able to accommodate the patient volume. The

1 existing behavioral health unit at Kenneth Hall
2 is in need of updates and repairs similar to the
3 rest of the Kenneth Hall facile.

4 I am grateful that Touchette Regional
5 Hospital has chosen to maintain their regional
6 behavioral services and address the expressed
7 concerns about additional losses in the mental
8 health field throughout the southern Illinois
9 area. As others have mentioned, there are
10 financial needs that that have been explained in
11 regards to the Touchette Regional Hospital.

12 And in summary, I'm in favor of the
13 certificate of need to relocate the behavioral
14 health services from Kenneth Hall to Touchette
15 Regional Hospital and urge the Health Facilities
16 and services Review Board to approve the
17 application as submitted.

18 Thank you.

19 MR. CONSTANTINO: Is there anybody else
20 that would like to testify?

21 MR. BROWN: Yes, I would oppose it.

22 MR. CONSTANTINO: Can you give us your
23 name, sir?

24 MR. BROWN: My name is Grady Brown.

1 MR. CONSTANTINO: Can you spell you
2 spell it for the court reporter?

3 MR. BROWN: G-R-A-D-Y, B-R-O-W-N.

4 TESTIMONY BY MR. BROWN:

5 MR. BROWN: Good afternoon, all. And
6 I'd like to thank you all, sir, for allowing me
7 to testify.

8 Again, my name is Grady Brown, and I'm
9 here on behalf of all my brothers and sisters in
10 the City of East St. Louis to urge you to keep
11 the certificate of need of the Kenneth Hall
12 behavioral health services at Kenneth Hall.

13 Kenneth hall, sir, has had a special
14 place in my heart since childhood. It's -- it
15 is not only special to me but most
16 East St. Louisans and individuals in the Madison
17 (sic) County area. It's also one of the fewest
18 hospitals, as you know, within the St. Louis
19 area that would treat those that are uninsured
20 or underinsured without no questions asked.
21 That's a very phenomenal aspect of Kenneth Hall.

22 I can't thank the Kenneth Hall staff
23 enough when my parents were living, the quality
24 of service that they provided to my parents and

1 my family and treated us with the utmost
2 respect. That to this day still has a special
3 place in my heart and to my family as well. The
4 physicians and the nurses were such a great
5 source of help during our time of need when we
6 could barely afford the medical services that my
7 parents were receiving, and back then, it was
8 St. Mary's at that time.

9 Also Kenneth Hall, sir, it just gives
10 the City of East St. Louis a sense of pride at a
11 time when we're on the constant attack by the
12 media in terms of the negativity that some think
13 East St. Louis may bring, but it gives our city
14 a sense of pride and a sense of hope and also it
15 provides our community with that vital services
16 that we so richly deserve. And times where
17 we're witnessing so many services that are being
18 eliminated in the urban area, it is so vital to
19 me and to many others to keep the services of
20 Kenneth Hall open.

21 And, sir, I do understand the great
22 financial aspect and strain it has on you-all at
23 Touchette Hospital, and believe me -- you know,
24 I'm very aware of that, of the conditions that

1 financially they're facing now. Sir, it's
2 something with inside of me, the value of human
3 lives over the bottom line. And believe me, you
4 know, the financial aspect, I do understand.
5 It's tough. But the Christian aspect of me, you
6 know, have that value of human life.

7 And so in closing, sir, I just want you
8 to take things -- what you heard today, the
9 testimony and the support of Kenneth Hall in.
10 And also if you cannot be the ones who pull the
11 plug not only on a hospital but the city, but in
12 terms of giving us a second life, we would truly
13 appreciate it.

14 Thank you, sir.

15 MR. CONSTANTINO: Thank you, sir.

16 David King, could I ask you to spell your name.

17 MR. KING: Common spelling, D-A-V-I-D,
18 K-I-N-G.

19 MR. CONSTANTINO: Thank you, sir.

20 TESTIMONY BY MR. KING:

21 MR. KING: I'm David King. I've lived
22 in this city since 1948, and I've witnessed a
23 steady decline in everything pertaining to
24 citizens who are the most at risk. Thomas

1 Payne, the father of the Doctrine of
2 Commonsense, made the statement, you know, that
3 there are some things that are just plain
4 commonsense. And what I am hearing this
5 evening, from some of our supposedly experts,
6 does not amount to commonsense. It amounts to a
7 financial decision.

8 In order for a community to thrive, they
9 certainly -- they need schools, they need good
10 city services, they need healthcare, they need
11 housing. What it appears to me that this
12 decision is leading to is another nail in the
13 coffin and to take away healthcare services. I
14 find it very alarming that the administrative
15 salaries of some of these people who are making
16 testimonies are very high, and seemingly, to me,
17 either way it goes they're going to land on
18 their feet with a golden parachute. Whereas the
19 person who is on Social Security, people who
20 don't have healthcare -- this bill that's the
21 so-called Obama care, as some of the right
22 wingers want to put it, which is supposed to
23 address some of these problems about healthcare.

24 It's commonsense that we know that a

1 healthy community is a thriving community, and a
2 healthy community is less expensive than one
3 that has to depend upon second-rate health
4 services and everything that comes on along with
5 it. That's the baggage that we have to guard
6 against, I think, in this society.

7 Now, I'm a military guy, and some of the
8 things that I've heard up here given in
9 testimony, in the military we have a word that's
10 very prevalent. It's called maintenance. You
11 pull your maintenance, and it says if you take
12 care of your vehicle, your vehicle takes care of
13 you. You take care of your facility, your
14 facilities take care of you. It is not the
15 fault of the citizens of this community that
16 some administrators have failed to do proper
17 maintenance. It is not the fault of the
18 citizens of this community that the State of
19 Illinois has failed to perhaps give you timely
20 payments. It's not even the fault of the people
21 in this community that there is perhaps a large
22 number of people who are underinsured or perhaps
23 not insured at all. 2014 to them might be light
24 years away when somebody's healthcare supposed

1 to come into being.

2 But it would seem to me that this kind
3 of facility and the kind of proper
4 administrators would be concerned with enhancing
5 the healthcare, not consolidating healthcare to
6 a facility that in all likelihood in a few years
7 would be subject to the same thing that's
8 happening here. That's not commonsense.

9 I think there needs to be a thorough
10 review of these kinds of decisions. I don't
11 know whose making them, but apparently to fall
12 into this kind of conditions that have been poor
13 decisions that have cascaded down through the
14 years, and I don't mind saying that if I'm an
15 administrator, I should be held accountable for
16 making poor decisions, and I shouldn't put it on
17 the back of poor people who will have to suffer
18 because I made a bad decision.

19 Now, whatever is going to happen. I
20 know one thing, two, three, four, five years
21 down the road Touchette is not going to be any
22 better off than this facility here. If you have
23 sorry administrators who are making sorry
24 decisions, that's a problem that should be

1 addressed with administrators. Are we going to
2 hold -- are you going to hold those people who
3 have made these bad decisions accountable or are
4 you going to make the citizens of this community
5 accountability or hold them hostage, so to
6 speak, because people have made bad decisions
7 for the past 20, 30 years.

8 It doesn't take much to such see where
9 all of these bad decisions have been coming from
10 because it's not the workers. Someone the --
11 the International Workers Union, it can't be
12 them. They do what they're supposed to do. It
13 comes from the top.

14 I think you'd do better to re-evaluate
15 what -- the way this decision seems to be going
16 with these administrators who are going to land
17 with these high salaries and are there are going
18 to be other people. Fortunately, I won't be one
19 of them, but I certainly know people who where.

20 Hold the right people accountable, and
21 if you're in the business of healthcare, provide
22 healthcare. There's nothing to indicate that
23 swapping services or consolidating services is
24 going to be better for the people in this

1 community. I challenge you to that. Because
2 you haven't addressed the symptoms, and I'm sure
3 doctors know about symptoms.

4 I think the people who should be held
5 accountable for the mistakes -- and frankly if
6 it was up to me some of them would be dismissed,
7 but since that decision isn't up to me. But
8 what is up to me is the fact I can get up here
9 and be a voice, I think, for some of those
10 citizens who don't know unfortunately, who feel
11 helpless, unfortunately, and who in the end --
12 who have been victims of healthcare in this
13 community that have been so bad, that has been
14 so bad because of, once again, those people who
15 are in charge, that they don't even think in
16 many cases about having healthcare services
17 here.

18 I remember I had friends that worked for
19 the railroad company, they got hurt they went to
20 St. Mary's. That was in the contract. When
21 they closed the library down, the railroad
22 company came to the library to look for records
23 because all of those records -- and they was
24 changing the healthcare plan a few years ago.

1 When you have people who are in the
2 community and the psychological -- the
3 psychological effect of people in that community
4 is that I can't go here and get good service.

5 My brother had a colon operation a
6 couple years ago at Kenneth Hall. Thank
7 goodness he's doing okay. But there have been
8 some fine doctors who worked at that facility.
9 Dr. Frazier was my family physician for almost
10 50 years, never moved out of the neighborhood,
11 right there on 14th and Getty. He performed
12 services, and for many years, he was right there
13 at that hospital facility.

14 My sister worked for Universal Studios
15 in Hollywood. Had to have a cyst removed, she
16 came from California to East St. Louis for an
17 operation because she had confidence in the
18 doctor and the staff at that facility.

19 It's like any other product. If you
20 promote your product and you advertise it and
21 you put out a good product, you get good
22 results. Hold the people who are accountable
23 for this bad healthcare.

24 MR. CONSTANTINO: Is there anyone else

1 who would like to speak? Anyone else?

2 I would remind everyone that you can
3 submit written comments to us and we have this
4 information for the record.

5 Also this project is scheduled for
6 consideration by the Illinois Health Facilities
7 Services Review Board at its May 10, 2011,
8 meeting. The public has until April 20, 2011,
9 to submit written comments. These comment can
10 be sent to my attention, to the Illinois
11 Department of Public Health, 525 West Jefferson
12 Street, Second Floor, Springfield, Illinois,
13 62761. Or if you prefer, you may fax the
14 comments to us (217) 785-4111.

15 Are there any other questions?

16 I deem this public hearing adjourned.

17 Thank you.

18 (WHEREIN, the deposition was concluded
19 at 4:40 p.m.)

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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 deposition 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 deposition 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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