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HEALTH FACILITIES &
SERVICES REVIEW BOARD

ORIGINAL

**DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS**

IN RE: RENAL CARE STREAMWOOD DIALYSIS

Case No. 11026

PUBLIC HEARING

JULY 25, 2011

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DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

IN RE: RENAL CARE)
STREAMWOOD DIALYSIS.) Case No. 11026

PUBLIC HEARING BEFORE THE
DEPARTMENT OF PUBLIC HEALTH
HELD ON July 25, 2011
AT 10:00 A.M.

BEFORE: HEARING OFFICER RICHARD H. SEWELL, MPH
UIC SCHOOL of PUBLIC HEALTH

Reported by Patricia A. Armstrong, CSR, RPR

| | | |
|----|---|------|
| 1 | INDEX OF WITNESSES AND PRESENTERS: | |
| 2 | | PAGE |
| 3 | | |
| 4 | PRESENTATION BY: MS. SHARON CADDIGAN..... | 8 |
| 5 | PRESENTATION BY: MR. KERY G. WILSON..... | 10 |
| 6 | PRESENTATION BY: DR. GORDON LANG..... | 11 |
| 7 | PRESENTATION BY: DR. PARVEEN NAAZ-IKRAMUDDIN... | 18 |
| 8 | PRESENTATION BY: DR. ANIS RAUF..... | 19 |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
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1 APPEARANCES:

MR. RICHARD H. SEWELL, Hearing Officer
2 UIC School of Public Health
University of Illinois at Chicago

3

ON BEHALF OF THE DEPARTMENT OF PUBLIC
4 HEALTH:

525 West Jefferson Street, 2nd Floor
5 Springfield, Illinois 62702
217-785-9129

6

MS. COURTNEY AVERY

7

8

ON BEHALF OF GORDON LANG, M.D.:
9 UNGARETTI & HARRIS

10

3500 Three First National Plaza

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Chicago, Illinois 60602

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312-977-4400

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MR. SHAWN K. MOON

14

skmoon@uhl.law.com

15

16

ALSO PRESENT:

17

MS. LISA TRAFFICANTA, Legal Assistant

18

19

REPORTED BY: PATRICIA ARMSTRONG, CSR, RPR.

20

Certificate No. 84-1766.

21

Midwest Litigation Services

22

711 North Eleventh Street

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314-644-2191

24

1 APPEARANCES: (Continued.)

2

3

IN FAVOR OF SUPPORT PROJECT:

4

MS. SHARON CADDIGAN

5

MR. JOSEPH MARINO

6

MR. RYAN MOORE

7

MS. SHARON CADDIGAN

8

MR. KERY G. WILSON

9

MS. LISA TRAFFICANTA

10

DR. GORDON LANG;

11

MR. SHAWN MOON;

12

DR. ANIS RAUF; and

13

DR. PARVEEN NAAZ-IKRAMUDDIN, M.D.

14

15

OPPOSED TO SUPPORT PROJECT:

16

NO ONE APPEARED TO OPPOSE PROJECT.

17

18

NEUTRAL TO PROJECT:

19

MS. ANNE COOPER

20

21

22

23

24

1 HEARING OFFICER SEWELL: Good morning. I
2 am Richard Sewell, and I am Associate Dean for
3 Community and Public Health Practice at the UIC
4 School of Public Health. I am a member of the
5 Illinois Health Facilities and Services Review
6 Board.

7 I want to read to you what we are
8 required to read for these hearings.

9 In accordance with the requirements
10 of the Illinois Health Facilities Planning Act,
11 notice is given of receipt to establish a
12 13-station End Stage Renal Dialysis facility.
13 This is Project 11-026, U.S Renal Care Streamwood
14 Dialysis in Streamwood.

15 The applicants propose to establish a
16 13-station ESRD facility in 5,813 gross square
17 feet of leased space. The facility will be
18 located at 141 Irving Park Road, Streamwood. The
19 project cost is \$1,678,575

20 A public hearing will take place
21 pursuant to Part 1130.910. The hearing is
22 scheduled for 10:00 A.M July 25, 2011, located at
23 Village of Streamwood Police Department Training
24 Room, 401 East Irving Park Road, Streamwood,

1 Illinois 60107.

2 The public hearing is to be held by
3 the Illinois Department of Public Health pursuant
4 to the Illinois Health Facilities Act.

5 The hearing is open to the public and
6 will afford an opportunity for parties with
7 interest to present written and/or verbal comment
8 relevant to the project.

9 All allegations or assertions should
10 be relevant to the need for the proposed project
11 and be supported with two copies of documentation
12 or materials that are printed or typed on paper,
13 size eight and a half by 11.

14 Consideration by the State Board has
15 been tentatively scheduled for the August 16, 2011
16 State Board Meeting.

17 You can communicate with the State
18 Board through Mike Constantino, Supervisor of the
19 Project Review Section for the Illinois Health
20 Facilities & Services Review Board located at 525
21 West Jefferson Street, 2nd Floor, Springfield,
22 Illinois 62761.

23 The telephone number is 217-782-3516.
24 The TTY number is 800-547-0466

1 for hearing impaired only.

2 Any person wanting to submit written
3 comments on this project must submit these
4 comments by July 27, 2011.

5 The Notice: This meeting will be
6 accessible to persons with special needs in
7 compliance with pertinent state and federal laws
8 upon notification of anticipated attendance.

9 Persons with special needs should contact
10 Bonnie Hills at the Health Facilities and Services
11 Review Board office by telephone at 217-782-3516.
12 TTY, 800-547-0466 for hearing impaired only or by
13 letter no later than Thursday, July 21, 2011.

14 MS. AVERY: Before we get started with our
15 first testimony, I just wanted to remind everyone
16 that in order to ensure that the Health Facilities
17 Planning Board's public hearings protect the
18 privacy and maintain the confidentiality of the
19 individual's Health information.

20 Such covered entities as defined by
21 the Appellate Insurance Portability Act of 1996,
22 such as facilities, hospital providers, health
23 plans and health clearing houses submitting oral
24 or written testimony that disposes protecting

1 health information of individuals should have a
2 valid written authorization from that individual.

3 The authorization shall allow the
4 covered entity to shared individuals' protected
5 health information at this hearing.

6 Again, those of you who came prepared
7 which have text for your presentation may choose
8 to submit that text without giving oral testimony.

9 If you give oral testimony, we ask
10 that you be as brief as possible and that if
11 anyone needs time after everyone has had the
12 opportunity to give testimony, you may do so after
13 everyone else has had that opportunity.

14 We ask that you please hold your
15 questions regarding today's hearing until all
16 testimony is presented. Thank you.

17 The first person we have is Sharon
18 Caddigan.

19 MS. CADDIGAN: I have two copies of a
20 letter in support of the application of U.S. RC
21 Streamwood for 15 bed end stage renal dialysis
22 center in Streamwood signed by the Village
23 President, Billie Roth.

24 The Village is in support of the

1 concept and the proposal because we believe it
2 will provide essential care that is currently
3 unavailable within our community.

4 The closest facility is over five
5 miles away and is not accessible by public
6 transportation.

7 The closest facility where there is
8 public transportation is I believe eight miles or
9 greater than eight miles. So, considering the
10 type of treatment it can be very very lengthy and
11 very tiring.

12 Having something that is located at
13 141 East Irving Park Road in the Village of
14 Streamwood which is a centrally located facility
15 within our community will provide a great needed
16 benefit.

17 We also note that 141 East Irving
18 Park Road does have adequate accessibility through
19 public transportation.

20 We believe it is a proper location
21 and will provide an essential service to the
22 community above and beyond the 1.6 million
23 investment within our community in an existing
24 shopping center with the concomitant opportunity

1 to provide employment and additional traffic to
2 the center benefit. However, obviously our
3 greatest concern is compassionate and convenient
4 care for our residents.

5 MS. AVERY: Thank you. I will let the
6 record show that Sharon's last name is spelled
7 C-a-d-d-i-g-a-n.

8 Also, I will ask and I forgot to
9 mention to give the spelling of your name to the
10 court reporter prior to your testimony; and since
11 we are so small in close proximity, if you want to
12 stay seated, you may do or if you want to go to
13 the podium, that is fine.

14 Next is Kery Wilson, K-e-r-y.

15 MR. WILSON: My name is Kery Wilson. I am
16 a patient of Dr. Lang. I started dialysis in
17 September of 2006. I will just read here what we
18 have written down.

19 I am a dialysis patient writing in
20 support of the proposed U.S. renal care dialysis
21 facility to be built in Streamwood, Illinois.

22 As a resident of Elgin, I am
23 currently receiving dialysis at a facility a great
24 distance from my home and must travel 25 to 30

1 minutes three times a week to receive my dialysis
2 treatment.

3 My travel time and the frequency of
4 my treatments make it difficult to travel long
5 distances for my treatment.

6 A U.S. Renal Care location in
7 Streamwood would make it easier to obtain my
8 treatments and decrease the time I travel by half
9 to about 10 to 15 minutes each day. I support the
10 approval of a U.S. Renal Care location to be built
11 in Streamwood.

12 What is not in this paper that in the
13 wintertime when it snows and we have ice, the time
14 increases considerably.

15 I drove here today, and it took me 10
16 minutes from my house. I took Route 20 to
17 Bartlett Road and up to Irving Park Road, and it
18 took me 10 minutes to get here. So that is really
19 a plus for me.

20 HEARING OFFICER SEWELL: Thank you.

21 MS. AVERY: Thank you, sir.

22 Dr. Gordon Lang.

23 MR. LANG: My name is Gordon Lang. I am a
24 physician and Board-certified in internal medicine

1 and nephrology.

2 I want to say good morning to
3 everybody who is here who has come to be here for
4 this meeting, and I am speaking obviously in
5 support of the U.S. Renal Care Streamwood dialysis
6 facility.

7 As you will hear my testimony, this
8 project will provide much needed dialysis
9 resources for the residents of Streamwood,
10 Illinois.

11 My knowledge on the subject of
12 nephrology and dialysis is formed by my lengthy
13 experience in devotion to the care of patients
14 suffering from renal disease.

15 My first meeting of people in
16 dialysis when the State of Illinois in 1967 first
17 introduced first covered dialysis patients or
18 rather patients whose kidneys had failed with
19 dialysis treatment.

20 At that time there were committees.
21 Patients had to have primary renal disease. They
22 had to be transplant candidates, and they had to
23 go on home dialysis.

24 Over the years obviously when

1 Medicare came in 1973, things changed, and the
2 population has grown to now there are 400,000
3 patients on dialysis in the United States.

4 Even with that there are
5 approximately 120,000 new patients that come to
6 dialysis in the United States each year, and this
7 is expected to grow; and, as I have been in
8 nephrology for many years, I can see the problems
9 of patients getting treatment schedules which are
10 comfortable for them.

11 My activities in the past, I was the
12 Chief of Nephrology at St. Joseph Hospital, and I
13 was also the medical director for the facility
14 there, and that happened in 1972 or '71.

15 I also was president of the Caduceus
16 Society at St. Joseph's which was a fund raising
17 work done, what things the hospital needed and
18 tried to raise money for these projects.

19 I also served for a period of time as
20 the Secretary-Treasurer of the Illinois Renal
21 Physician's Association when that now is no longer
22 active, but have been also involved in the renal
23 Physicians Association on a National basis.

24 I also testified in 2008 at the

1 Illinois Task Force on Health Planning Reform on
2 behalf of the Illinois Medical Society speaking to
3 topics including dialysis, quality of care and how
4 lengthy travel times jeopardize the health of
5 dialysis patients.

6 As a result of my experience as I am
7 intimately knowledgeable about the certificate of
8 need process as it relates to the provision of
9 dialysis services.

10 As I look back, the need for dialysis
11 service is much more urgent than calculations can
12 predict.

13 The burden placed on the elderly
14 population, which is a larger percentage of
15 patients who present with end stage renal disease
16 is needing chronic dialysis cannot be accurately
17 measured by such statistics.

18 Measuring the facility within a
19 30-minute drive, for example, does not adequately
20 access the burden on patients who have to obtain
21 these services.

22 When we first have the criteria, the
23 average age of the dialysis patient was 50 years
24 and at that time most of the patients were working

1 until they went on dialysis and usually
2 accompanied some places and would not cover the
3 patients after a period of time.

4 Today with the population aging it's
5 not as easy for someone who has to drive 30
6 minutes to get his dialysis treatment, and this
7 again becomes much more difficult in the winter;
8 and as the average age is now 67 years and many of
9 the patients who are coming to dialysis now are
10 over 70 and in fact we have a larger number of
11 patients over 80, it places a major burden on
12 them.

13 Part of the burden is a psychological
14 burden that they have to travel so far from their
15 home, and it makes it difficult if your family
16 member has to take them or they have to get
17 transportation through PACE or sometimes you see
18 ambulances bringing patients because there is no
19 other way for them to get to the dialysis
20 facility.

21 Hopefully by having a facility in
22 Streamwood, this would alleviate some of this
23 burden on the psychological strain on the elderly
24 population.

1 The other problem that I see recently
2 is that some of the area providers are basically
3 if we look at the statistics are filled, and one
4 facility that I use and in fact I started that
5 facility when I was with Medicus in Hoffman
6 Estates, and they are now on four shifts, and that
7 means patients are starting at 7:00 p.m.

8 This places a burden on the care that
9 I can deliver to patients because if I have some
10 patients who are starting at 5:00 a.m., I have to
11 see patients in the hospital and then show up at
12 7:00 p.m. and it becomes very, very difficult.
13 There are only so many hours in the day before I
14 would pass out or die.

15 So for this reason I think it's
16 imperative that we have enough facilities so maybe
17 facilities operate on three shifts a day instead
18 of having to go to four shifts a day.

19 So, basically the patients have to
20 undergo these dialysis treatments later in the
21 day. It's more difficult for the family. It's
22 more difficult for them.

23 And for this reason, as I said again,
24 I think it's important that we approve more our

1 facility at U.S. Renal Care Streamwood Dialysis
2 Facility, and I think the patient choice issues
3 also support the establishment of this facility.

4 As we know, the majority of the
5 patients are supplied by a small number of
6 dialysis facilities. This is true in the United
7 States.

8 There are two major dialysis
9 providers, that is Divita and Presenious, and that
10 is just the way it has been.

11 I just think what we need to do is
12 just at least have other facilities, and I am not
13 sure that Divita and Presenious can make all the
14 facilities that are necessary and also to allow
15 access both for physicians, et cetera to take care
16 of their patients.

17 So I hope I have demonstrated today
18 that patients in the Streamwood area are in a good
19 need of another provider of dialysis services; and
20 from a need of convenience choice standpoint, the
21 seriously ill patients need to establish need to
22 have additional dialysis services available for
23 their care.

24 And so I am speaking in support of

1 this facility in the U.S. Renal Care in the
2 Streamwood area. Thank you.

3 HEARING OFFICER SEWELL: Thank you.

4 MS. AVERY: Thank you.

5 Next is Dr. -- I'll spell it --

6 P-a-r-v-e-e-n N-a-a-z-I-k-r-a-m-u-d-d-i-n.

7 Would you please state your name for
8 the court reporter.

9 DR. PARVEEN NAAZ-IKRAMUDDIN: I am a
10 physician, a nephrologist. A lot of my patients
11 are from this area. That is why I came in support
12 for the U.S. Renal Streamwood Dialysis Center.

13 Especially in the winter it's a long
14 drive for them driving for dialysis. It's okay.
15 But when they are driving back, they get really
16 tired because what the dialysis does is does the
17 work of the kidneys. It tries to do the work of
18 24 hours or 48 hours over a three-hour period, and
19 that is a lot of work for the body, and the
20 patients feel very tired.

21 A lot of them have to ask their
22 family members to pick them up or drive them
23 because by the end of the treatment they are so
24 tired that they can't drive back.

1 Especially for this 25 minute or
2 30-minute drive, it's really cumbersome. They
3 have to depend a lot of times on friends and
4 family or ambulances or the transportation.

5 By having a facility within the
6 community, I think it will help them a lot. I
7 think the rest of the things I outlined. And I
8 have been a physician since 1996.

9 I am speaking in support of my
10 patients. I have two patients here. Other
11 patients could not come over, because they had
12 dialysis sessions.

13 HEARING OFFICER SEWELL: Thank you.

14 MS. AVERY: Next we have Dr. Rauf.

15 DR. RAUF: Good morning, everyone. Thank
16 you so much for giving me an opportunity. I just
17 wanted to give you a little bit of background
18 about myself.

19 I grew up in the City of Chicago, on
20 the north side in the Rogers Park area. I went to
21 a Chicago public high school. I worked extremely
22 hard.

23 I first saw the importance of getting
24 a good education and upbringing, and hard work

1 allowed me to attend Northwestern University for
2 undergraduate training.

3 I got an opportunity to attend
4 medical school in Downers Grove at Midwest
5 University School and then I got an opportunity to
6 really see where patients had difficulty to
7 control hypertension and diabetes first hand when
8 I trained at the University of Illinois at
9 Chicago.

10 I spent three years there in internal
11 medicine, and I really felt a love for the area of
12 nephrology, particularly because I did some
13 engineering work at Northwestern and really
14 developed a fondness for understanding physiology.

15 I got a great opportunity to train at
16 the Mayo Clinic in Rochester where I was offered a
17 nephrology training fellowship program; and
18 because of my strong roots to Chicago, fortunately
19 I was able to take the three-year program.

20 But I did spend a year there, and I
21 found very closely and first hand what makes
22 places like the Mayo Clinic successful, and I
23 think that is putting the needs of the patients
24 first where from the very beginning of the

1 patient/physician encounter from the very end, the
2 utmost quality is most important; and, of course,
3 the treatment for end stage renal disease is
4 ideally a kidney transplant, but unfortunately
5 many of these patients cannot get a kidney
6 transplant.

7 They have to wait for years to get a
8 cadaver or a kidney-related transplant because the
9 need is so great.

10 And unfortunately we have to treat
11 these patients for long periods of time. The
12 average mortality for patients on dialysis is as
13 high as 65 percent over five years.

14 I think, as Dr. Lang pointed out, we
15 are dealing with a very aging population; and, as
16 we are developing new and newer technologies to
17 prevent cardiovascular morbidity and death, these
18 patients are living longer; and, of course, they
19 need dialysis for longer periods of time.

20 So because of my strong roots in
21 Chicago, I set out to do what is extremely
22 difficult to start a practice from scratch.

23 I actually have strong roots in the
24 western suburbs of Chicago and really wanted to

1 practice at home to bring that care and that model
2 to my community.

3 I found that there are very, very
4 large groups in the area of nephrology that kind
5 of have a monopoly over certain areas.

6 So, I took the liberty of using an
7 additional year of training in critical care, and
8 I obtained privileges at Alexian Brothers
9 Hospital, which is right close to this community;
10 and I did nighttime work as an intensive care
11 doctor and built a nephrology practice from
12 scratch over the last four years.

13 We had an explosive amount of growth.
14 I think that long gone were the days where people
15 told me it's impossible to start a practice. So
16 you won't be successful because you don't have the
17 referral base or this or that.

18 But I took back what I learned at
19 Mayo where if you provide the utmost quality of
20 care, the patients will come.

21 If you provide the utmost quality,
22 you will get an opportunity and I think that kind
23 of speaks for itself over the last four years.
24 Our practice has grown tremendously.

1 I have two other nephrology partners
2 who couldn't make it today, and we also have a
3 physician assistant.

4 I found it particularly difficult to
5 discharge patients from hospitals because of
6 limited chair ability.

7 I am on staff at Alexian Brothers and
8 Glen Oaks Hospital, and many of my patients do
9 live in this area, the Northwest community area,
10 and I think that having an additional dialysis
11 provider would be quite helpful, because again as
12 Dr. Lang pointed out as a small nephrology group,
13 it's very difficult to even capture all of your
14 dialysis visits if you have a patient that is
15 starting at 5:00 a.m. at Glendale Heights, and
16 you've got patients at 7:00 p.m. in Hoffman
17 Estates.

18 You have a patient at 12:00 p.m., and
19 their dialysis is Monday, Wednesday, Friday or
20 Thursday, Saturday, and it just becomes extremely
21 difficult to see your patients in a timely
22 fashion, and you have built that relationship with
23 your patients during the hospital encounter as
24 well as the outpatient encounter.

1 So I think it's extremely important
2 to have patient choice and patient chair-ability.

3 It's also important to have hospital
4 support. I don't think many people are aware of
5 this, but these projects that we are supporting
6 with U.S. Renal have tremendous hospital support
7 from Alexian Brothers Hospital, St. Alexius
8 Hospital, Good Samaritan Hospital as well as the
9 other hospitals in our other areas, Bolingbrook
10 Hospital and Adventist Midwest Hospital in Glen
11 Oaks Hospital.

12 And the hospitals don't just give you
13 support because you want support. I think the
14 hospitals have realized that as patients are being
15 discharged by the hospital social worker, if
16 you've got one or two providers that are the only
17 show in town and these patients need to be
18 discharged, oftentimes there is a delay.

19 There is a delay in discharge because
20 they can't get the shifts they want or there is
21 some other factors that make it very limited, and
22 I will give you a very concrete example.

23 I had a patient just two weeks ago
24 that I was trying to discharge from Glen Oaks

1 Hospital, and she tried very hard to get the
2 patient into the FMC Glendale Heights unit or the
3 Villa Park unit.

4 First I was told there are no chairs
5 available, and this patient had to go all the way
6 out to Elk Grove Village or Hoffman Estates.

7 As I was persistent, the patient
8 stayed in the hospital two, three days; and if I
9 lose that patient to a different area then I lose
10 that patient-care relationship.

11 I have taken care of this patient for
12 three years, and all of a sudden the chairs in my
13 area are not available, and I have to transport
14 their care to another nephrologist in another
15 area.

16 I think that those policies and the
17 availability of chairs will definitely help allow
18 me as a nephrologist to maintain that relationship
19 with my patient; and, of course, the goal is to
20 provide the utmost quality.

21 When you have more chair
22 availability, more quality in terms of different
23 dialysis providers, ultimately the competition
24 itself breeds quality just like when I went into

1 an area where there is essentially a monopoly of
2 one nephrology group, you go and you provide top
3 quality care and provide a choice, and I think
4 ultimately the patient benefits. And that's what
5 this is all about, putting the needs of the
6 patient first.

7 I just want to end my statement with
8 a very famous quote that I learned at Mayo that I
9 still hold to this day is "The best interest of
10 the patient is the only interest to be
11 considered."

12 I think as physicians, we have a
13 responsibility to our patients; and if there can
14 be a facility in Streamwood close to the patient's
15 home, 10 minutes versus 45 minutes, I think it
16 makes sense.

17 I think that if my patient has end
18 stage renal disease and they have to stay on
19 dialysis for three-and-a-half hours to four hours
20 a day four times or three times a week, it makes
21 sense to cut their drive time.

22 It makes sense to improve their
23 quality of life for not only them, but their
24 families because oftentimes their families are

1 taking them back and forth for the dialysis.

2 I have also found difficulty when
3 there is a lack of choice, many of these patients
4 don't get into the units because they don't have
5 appropriate planning; and if there is a choice and
6 the facilities are competing to provide quality,
7 they are going to be a bit more lenient on their
8 restrictions.

9 That is all I would like to say.
10 Thank you very much.

11 HEARING OFFICER SEWELL: Thank you.

12 MS. AVERY: Thank you.

13 Is there anyone else who would like
14 to give oral testimony on this project?

15 (No response.)

16 MS. AVERY: Okay. I will read into the
17 record that Joseph Marino, M-a-r-i-n-o has
18 provided written testimony.

19 I will read into the record that
20 Ms. Ann Cooper, C-o-o-p-e-r is present and neutral
21 on the project.

22 Mr. Ryan Moore is present and not
23 giving testimony in support of the project.

24 And Ms. Lisa Trafficante,

1 T-r-a-f-f-i-c-a-n-t-a is present in support of the
2 project.

3 And Mr. Shawn Moon, M-o-o-n is
4 present and in support of the projects.

5 Again, is there anyone else who would
6 like to give testimony or additional testimony on
7 this project?

8 (No response.)

9 MS. AVERY: Seeing there is none, I would
10 like to remind everyone that you can submit
11 additional written comments to the State Board at
12 the Illinois Department of Public Health, 525 West
13 Jefferson Street, the 2nd floor, Springfield,
14 Illinois, 62761-0001 to the attention of Courtney
15 Avery or you may fax these comments to
16 217-785-4111.

17 Please be mindful that the comments
18 must be received no later than 9:00 a.m. on
19 July 27, 2011.

20 As Mr. Sewell said earlier, the
21 project is scheduled for consideration by the
22 Illinois Health Facilities and Service Review
23 Board at its August 16, 2011 meeting, which will
24 be held at the Holiday Inn Conference Center

1 located at 411 South Larkin in Joliet, Illinois.

2 If there are persons with any special
3 needs, contact Bonnie Hills at 217-782-3516.

4 Request arrangements no later than Thursday,
5 August 11, 2011.

6 Are there any questions regarding
7 today's proceeding or the meeting in August?

8 MR. MOON: What time is that meeting
9 scheduled?

10 MS. AVERY: 10:00 a.m. There will be
11 opportunities to provide public participation
12 which you asked about earlier at that meeting, and
13 the sign-in will start at 9:30, the sign-in for
14 public comments.

15 Any other questions or comments?

16 (No response.)

17 MS. AVERY: Seeing there are no additional
18 questions or comments, I deem this public hearing
19 adjourned.

20 Thank you for coming.

21 (WHICH WERE ALL OF THE PROCEEDINGS
22 HAD AND TESTIMONY TAKEN ON THE
23 AFORESAID DATE.)

24 End Time: 11:30 a.m.

1 STATE OF ILLINOIS)
2)
3 COUNTY OF DU PAGE)
4)

5 I, Patricia Ann Armstrong, a Certified
6 Shorthand Reporter of the State of Illinois, do
7 hereby certify that I reported in shorthand the
8 proceedings had at the arbitration aforesaid, and
9 that the foregoing is a true, complete and correct
10 transcript of the proceedings of said meeting as
11 appears from my stenographic notes so taken and
12 transcribed under my personal direction.

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24



Patricia A. Armstrong

Certified Shorthand Reporter

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|---|--|---|---|---|
| <p style="text-align: center;">A</p> <p>ability 23:6 able 20:19 about 11:9 14:7 19:18 26:5 29:12 above 9:22 access 14:20 17:15 accessibility 9:18 accessible 7:6 9:5 accompanied 15:2 accordance 5:9 accurately 14:16 Act 5:10 6:4 7:21 active 13:22 activities 13:11 actually 21:23 additional 10:1 17:22 22:7 23:10 28:6,11 29:17 adequate 9:18 adequately 14:19 adjourned 29:19 Adventist 24:10 afford 6:6 aforesaid 29:23 30:8 after 8:11,12 15:3 again 8:6 15:7 16:23 23:11 28:5 age 14:23 15:8 aging 15:4 21:15 ago 24:23 Alexian 22:8 23:7 24:7 Alexius 24:7 allegations 6:9 alleviate 15:22 allow 8:3 17:14 25:17 allowed 20:1 ambulances 15:18 19:4 amount 22:13 and/or 6:7 ANIS 2:8 4:12 Ann 27:20 30:5 ANNE 4:19 another 17:19 25:14 25:14 anticipated 7:8 anyone 8:11 27:13 28:5 APPEARANCES 3:1 4:1 APPEARED 4:16 appears 30:11 Appellate 7:21</p> | <p>applicants 5:15 application 8:20 appropriate 27:5 approval 11:10 approve 16:24 approximately 13:5 arbitration 30:8 area 16:2 17:18 18:2,11 19:20 20:11 22:4 23:9,9 25:9,13,15 26:1 areas 22:5 24:9 Armstrong 1:24 3:19 30:5 arrangements 29:4 asked 29:12 assertions 6:9 assistant 3:17 23:3 Associate 5:2 Association 13:21 13:23 attend 20:1,3 attendance 7:8 attention 28:14 August 6:15 28:23 29:5,7 authorization 8:2,3 availability 25:17 25:22 available 17:22 25:5 25:13 average 14:23 15:8 21:12 Avery 3:6 7:14 10:5 11:21 18:4 19:14 27:12,16 28:9,15 29:10,17 aware 24:4 away 9:5 a.m 1:14 5:22 16:10 23:15 28:18 29:10 29:24</p> | <p style="text-align: center;">C</p> <p>being 24:14 believe 9:1,8,20 benefit 9:16 10:2 benefits 26:4 best 26:9 beyond 9:22 Billie 8:23 bit 19:17 27:7 Board 5:6 6:14,16 6:18,20 7:11 28:11,23 Board's 7:17 Board-certified 11:24 body 18:19 Bolingbrook 24:9 Bonnie 7:10 29:3 both 17:15 breeds 25:24 brief 8:10 bring 22:1 bringing 15:18 Brothers 22:8 23:7 24:7 built 10:21 11:10 22:11 23:22 burden 14:13,20 15:11,13,14,23 16:8</p> | <p>chair-ability 24:2 changed 13:1 Chicago 3:2,11 19:19,21 20:9,18 21:21,24 Chief 13:12 choice 17:2,20 24:2 26:3 27:3,5 choose 8:7 chronic 14:16 City 19:19 clearing 7:23 Clinic 20:16,22 close 10:11 22:9 26:14 closely 20:21 closest 9:4,7 come 12:3 13:5 19:11 22:20 comfortable 13:10 coming 15:9 29:20 comment 6:7 comments 7:3,4 28:11,15,17 29:14 29:15,18 committees 12:20 communicate 6:17 community 5:3 9:3 9:15,22,23 19:6 22:2,9 23:9 compassionate 10:3 competing 27:6 competition 25:23 complete 30:9 compliance 7:7 concept 9:1 concern 10:3 concomitant 9:24 concrete 24:22 Conference 28:24 confidentiality 7:18 considerably 11:14 consideration 6:14 28:21 considered 26:11 considering 9:9 Constantino 6:18 contact 7:9 29:3 Continued 4:1 control 20:7 convenience 17:20 convenient 10:3 Cooper 4:19 27:20 copies 6:11 8:19 correct 30:9 cost 5:19 COUNTY 30:3 course 21:2,18</p> | <p>25:19 court 10:10 18:8 Courtney 3:6 28:14 cover 15:2 covered 7:20 8:4 12:17 criteria 14:22 critical 22:7 CSR 1:24 3:19 cumbersome 19:2 currently 9:2 10:23 cut 26:21 C-a-d-d-i-g-a-n 10:7 C-o-o-p-e-r 27:20</p> <p style="text-align: center;">D</p> <p>DATE 29:23 day 11:9 16:13,17 16:18,21 26:9,20 days 22:14 25:8 dealing 21:15 Dean 5:2 death 21:17 decrease 11:8 deem 29:18 defined 7:20 definitely 25:17 delay 24:18,19 deliver 16:9 demonstrated 17:17 Department 1:1,12 3:3 5:23 6:3 28:12 depend 19:3 developed 20:14 developing 21:16 devotion 12:13 diabetes 20:7 dialysis 1:6 5:12,14 8:21 10:16,19,20 10:23 11:1 12:5,8 12:12,16,17,19,23 13:3,6 14:3,5,9,10 14:16,23 15:1,6,9 15:19 16:20 17:1 17:6,8,19,22 18:12,14,16 19:12 21:12,19 23:10,14 23:19 25:23 26:19 27:1 die 16:14 different 25:9,22 difficult 11:4 15:7 15:15 16:12,21,22 21:22 23:4,13,21 difficulty 20:6 27:2 direction 30:12</p> |
|---|--|---|---|---|

| | | | | |
|--|--|---|---|--|
| <p>director 13:13 discharge 23:5 24:19,24 discharged 24:15 24:18 disease 12:14,21 14:15 21:3 26:18 disposes 7:24 distance 10:24 distances 11:5 Divita 17:9,13 doctor 22:11 documentation 6:11 done 13:17 down 10:18 Downers 20:4 Dr 2:6,7,8 4:10,12 4:13 10:16 11:22 18:5,9 19:14,15 21:14 23:12 drive 14:19 15:5 18:14,22,24 19:2 26:21 driving 18:14,15 drove 11:15 DU 30:3 during 23:23</p> <hr/> <p style="text-align: center;">E</p> <p>each 11:9 13:6 earlier 28:20 29:12 easier 11:7 East 5:24 9:13,17 easy 15:5 education 19:24 eight 6:13 9:8,9 elderly 14:13 15:23 Eleventh 3:22 Elgin 10:22 Elk 25:6 employment 10:1 encounter 21:1 23:23,24 end 5:12 8:21 14:15 18:23 21:1,3 26:7 26:17 29:24 engineering 20:13 enough 16:16 ensure 7:16 entities 7:20 entity 8:4 Especially 18:13 19:1 ESRD 5:16 essential 9:2,21 essentially 26:1 establish 5:11,15</p> | <p>17:21 establishment 17:3 Estates 16:6 23:17 25:6 et 17:15 even 13:4 23:13 everybody 12:3 everyone 7:15 8:11 8:13 19:15 28:10 example 14:19 24:22 existing 9:23 expected 13:7 experience 12:13 14:6 explosive 22:13 extremely 19:21 21:21 23:20 24:1</p> <hr/> <p style="text-align: center;">F</p> <p>facilities 5:5,10 6:4 6:20 7:10,16,22 16:16,17 17:6,12 17:14 27:6 28:22 facility 5:12,16,17 9:4,7,14 10:21,23 12:6 13:13 14:18 15:20,21 16:4,5 17:1,2,3 18:1 19:5 26:14 fact 15:10 16:4 factors 24:21 failed 12:18 families 26:24,24 family 15:15 16:21 18:22 19:4 famous 26:8 far 15:14 fashion 23:22 FAVOR 4:3 fax 28:15 federal 7:7 feel 18:20 feet 5:17 fellowship 20:17 felt 20:11 filled 16:3 fine 10:13 first 3:10 7:15 8:17 12:15,16,17 14:22 19:23 20:7,21,24 25:4 26:6 five 9:4 21:13 floor 3:4 6:21 28:13 FMC 25:2 fondness 20:14 Force 14:1 foregoing 30:9</p> | <p>forgot 10:8 formed 12:12 forth 27:1 fortunately 20:18 found 20:21 22:3 23:4 27:2 four 16:6,18 22:12 22:23 26:19,20 frequency 11:3 Fridays 23:19 friends 19:3 from 8:2 10:24 11:16 12:14 15:14 17:20 18:11 20:24 21:1,22 22:11 23:5 24:7,24 30:11 fund 13:16</p> <hr/> <p style="text-align: center;">G</p> <p>G 2:5 4:8 getting 13:9 19:23 give 8:9,12 10:9 19:17 24:12,22 27:14 28:6 given 5:11 giving 8:8 19:16 27:23 Glen 23:8 24:10,24 Glendale 23:15 25:2 go 10:12 12:23 16:18 25:5 26:2 goal 25:19 going 27:7 gone 22:14 good 5:1 12:2 17:18 19:15,24 24:8 Gordon 2:6 3:8 4:10 11:22,23 great 9:15 10:23 20:15 21:9 greater 9:9 greatest 10:3 grew 19:19 gross 5:16 group 23:12 26:2 groups 22:4 Grove 20:4 25:6 grow 13:7 grown 13:2 22:24 growth 22:13</p> <hr/> <p style="text-align: center;">H</p> <p>H 1:19 3:1 half 6:13 11:8 hand 20:7,21 happened 13:14 hard 19:22,24 25:1</p> | <p>HARRIS 3:9 having 9:12 15:21 16:18 19:5 23:10 health 1:1,12,20 3:2 3:4 5:3,4,5,10 6:3 6:4,19 7:10,16,19 7:22,23 8:1,5 14:1 14:4 28:12,22 hear 12:7 hearing 1:11,19 3:1 5:1,20,21 6:2,5 7:1,12 8:5,15 11:20 18:3 19:13 27:11 29:18 hearings 5:8 7:17 Heights 23:15 25:2 held 1:13 6:2 28:24 help 19:6 25:17 helpful 23:11 high 19:21 21:13 Hills 7:10 29:3 Hoffman 16:5 23:16 25:6 hold 8:14 26:9 Holiday 28:24 home 10:24 12:23 15:15 22:1 26:15 hope 17:17 Hopefully 15:21 hospital 7:22 13:12 13:17 16:11 22:9 23:8,23 24:3,6,7,8 24:8,10,10,11,15 25:1,8 hospitals 23:5 24:9 24:12,14 hours 16:13 18:18 18:18 26:19,19 house 11:16 houses 7:23 hypertension 20:7</p> <hr/> <p style="text-align: center;">I</p> <p>ice 11:13 ideally 21:4 ill 17:21 Illinois 1:2 3:2,5,11 5:5,10 6:1,3,4,19 6:22 10:21 12:10 12:16 13:20 14:1 14:2 20:8 28:12 28:14,22 29:1 30:1,6 impaired 7:1,12 imperative 16:16 importance 19:23 important 16:24 21:2 24:1,3</p> | <p>impossible 22:15 improve 26:22 including 14:3 increases 11:14 INDEX 2:1 individual 8:2 individuals 8:1,4 individual's 7:19 information 7:19 8:1,5 Inn 28:24 instead 16:17 Insurance 7:21 intensive 22:10 interest 6:7 26:9,10 internal 11:24 20:10 intimately 14:7 introduced 12:17 investment 9:23 involved 13:22 Irving 5:18,24 9:13 9:17 11:17 issues 17:2</p> <hr/> <p style="text-align: center;">J</p> <p>Jefferson 3:4 6:21 28:13 jeopardize 14:4 Joliet 29:1 Joseph 4:5 13:12 27:17 Joseph's 13:16 July 1:13 5:22 7:4 7:13 28:19 just 7:15 10:17 17:10,11,12 19:16 23:20 24:12,23 25:24 26:7</p> <hr/> <p style="text-align: center;">K</p> <p>K 3:13 Kery 2:5 4:8 10:14 10:15 kidney 21:4,5 kidneys 12:18 18:17 kidney-related 21:8 kind 22:4,22 know 17:4 knowledge 12:11 knowledgeable 14:7 K-e-r-y 10:14</p> <hr/> <p style="text-align: center;">L</p> <p>lack 27:3 Lang 2:6 3:8 4:10 10:16 11:22,23,23 21:14 23:12</p> |
|--|--|---|---|--|

| | | | | |
|--|---|--|--|--|
| <p>large 22:4 larger 14:14 15:10 Larkin 29:1 last 10:6 22:12,23 later 7:13 16:20 28:18 29:4 laws 7:7 learned 22:18 26:8 leased 5:17 least 17:12 Legal 3:17 lengthy 9:10 12:12 14:4 lenient 27:7 let 10:5 letter 7:13 8:20 liberty 22:6 life 26:23 like 20:22 25:24 27:9,13 28:6,10 limited 23:6 24:21 Lisa 3:17 4:9 27:24 Litigation 3:21 little 19:17 live 23:9 living 21:18 located 5:18,22 6:20 9:12,14 29:1 location 9:20 11:6 11:10 long 11:4 18:13 21:11 22:14 longer 13:21 21:18 21:19 look 14:10 16:3 lose 25:9,9 lot 18:10,19,21 19:3 19:6 love 20:11</p> <hr/> <p style="text-align: center;">M</p> <p>maintain 7:18 25:18 major 15:11 17:8 majority 17:4 make 11:4,7 17:13 23:2 24:21 makes 15:15 20:21 26:16,20,22 many 13:8 15:8 16:13 21:5 23:8 24:4 27:3 Marino 4:5 27:17 materials 6:12 may 8:7,12 10:12 28:15 maybe 16:16 Mayo 20:16,22 22:19 26:8</p> | <p>means 16:7 measured 14:17 Measuring 14:18 medical 13:13 14:2 20:4 Medicare 13:1 medicine 11:24 20:11 Medicus 16:5 meeting 6:16 7:5 12:4,15 28:23 29:7,8,12 30:10 member 5:4 15:16 members 18:22 mention 10:9 Midwest 3:21 20:4 24:10 Mike 6:18 miles 9:5,8,9 million 9:22 mindful 13:17 minute 19:1 minutes 11:1,9,16 11:18 15:6 26:15 26:15 model 22:1 Monday 23:19 money 13:18 monopoly 22:5 26:1 Moon 3:13 4:11 28:3 29:8 Moore 4:6 27:22 morbidity 21:17 more 14:11 15:7 16:21,22,24 25:21 25:22 27:7 morning 5:1 12:2 19:15 mortality 21:12 most 14:24 21:2 MPH 1:19 much 12:8 14:11 15:7 19:16 27:10 must 7:3 10:24 28:18 myself 19:18 M-a-r-i-n-o 27:17 M-o-o-n 28:3 M.D 3:8 4:13</p> <hr/> <p style="text-align: center;">N</p> <p>NAAZ-IKRAMU... 2:7 4:13 18:9 name 10:6,9,15 11:23 18:7 National 3:10 13:23 necessary 17:14 need 6:10 14:8,10</p> | <p>17:11,19,20,21,21 21:9,19 24:17 needed 9:15 12:8 13:17 needing 14:16 needs 7:6,9 8:11 20:23 26:5 29:3 nephrologist 18:10 25:14,18 nephrology 12:1,12 13:8,12 20:12,17 22:4,11 23:1,12 26:2 neutral 4:18 27:20 new 13:5 21:16 newer 21:16 Next 10:14 18:5 19:14 nighttime 22:10 none 28:9 north 3:22 19:20 Northwest 23:9 Northwestern 20:1 20:13 note 9:17 notes 30:11 notice 5:11 7:5 notification 7:8 number 6:23,24 15:10 17:5 N-a-a-z-I-k-r-a-m... 18:6</p> <hr/> <p style="text-align: center;">O</p> <p>Oaks 23:8 24:11,24 obtain 11:7 14:20 obtained 22:8 obviously 10:2 12:4 12:24 offered 20:16 office 7:11 Officer 1:19 3:1 5:1 11:20 18:3 19:13 27:11 oftentimes 24:18 26:24 okay 18:14 27:16 one 4:16 16:3 24:16 26:2 only 7:1,12 16:13 24:16 26:10,23 open 6:5 operate 16:17 opportunities 29:11 opportunity 6:6 8:12,13 9:24 19:16 20:3,5,15 22:22</p> | <p>OPPOSE 4:16 OPPOSED 4:15 oral 7:23 8:8,9 27:14 order 7:16 other 15:19 16:1 17:12 19:10 23:1 24:9,9,21 29:15 out 16:14 21:14,21 23:12 25:6 outlined 19:7 outpatient 23:24 over 9:4 12:24 15:10,11 18:18 19:11 21:13 22:5 22:12,23</p> <hr/> <p style="text-align: center;">P</p> <p>PACE 15:17 PAGE 2:2 30:3 paper 6:12 11:12 Park 5:18,24 9:13 9:18 11:17 19:20 25:3 Part 5:21 15:13 participation 29:11 particularly 20:12 23:4 parties 6:6 partners 23:1 PARVEEN 2:7 4:13 18:9 pass 16:14 past 13:11 patient 10:16,19 14:23 17:2 23:14 23:18 24:2,2,23 25:2,5,7,9,11,19 26:4,6,10,17 patients 12:13,17 12:18,21 13:3,5,9 14:5,15,20,24 15:3,9,11,18 16:7 16:9,10,11,19 17:5,16,18,21 18:10,20 19:10,10 19:11 20:6,23 21:5,11,12,18 22:20 23:5,8,16 23:21,23 24:14,17 26:13 27:3 patient's 26:14 patient-care 25:10 patient/physician 21:1 Patricia 1:24 3:19 30:5 people 12:15 22:14</p> | <p>24:4 percent 21:13 percentage 14:14 period 13:19 15:3 18:18 periods 21:11,19 persistent 25:7 person 7:2 8:17 personal 30:12 persons 7:6,9 29:2 pertinent 7:7 physician 11:24 18:10 19:8 23:3 physicians 13:23 17:15 26:12 Physician's 13:21 physiology 20:14 pick 18:22 place 5:20 placed 14:13 places 15:2,11 16:8 20:22 planning 5:10 7:17 14:1 27:5 plans 7:23 Plaza 3:10 please 8:14 18:7 28:17 plus 11:19 podium 10:13 pointed 21:14 23:12 Police 5:23 policies 25:16 population 13:2 14:14 15:4,24 21:15 Portability 7:21 possible 8:10 practice 5:3 21:22 22:1,11,15,24 predict 14:12 prepared 8:6 Presenting 17:9,13 present 3:16 6:7 14:15 27:20,22 28:1,4 presentation 2:4,5,6 2:7,8 8:7 presented 8:16 PRESENTERS 2:1 president 8:23 13:15 prevent 21:17 primary 12:21 printed 6:12 prior 10:10 privacy 7:18 privileges 22:8</p> |
|--|---|--|--|--|

| | | | | |
|--|--|---|---|---|
| <p>problem 16:1 problems 13:8 proceeding 29:7 proceedings 29:21 30:8,10 process 14:8 program 20:17,19 project 4:3,15,16,18 5:13,19 6:8,10,19 7:3 12:8 27:14,21 27:23 28:2,7,21 projects 13:18 24:5 28:4 proper 9:20 proposal 9:1 propose 5:15 proposed 6:10 10:20 protect 7:17 protected 8:4 protecting 7:24 provide 9:2,15,21 10:1 12:8 22:19 22:21 25:20 26:2 26:3 27:6 29:11 provided 27:18 provider 17:19 23:11 providers 7:22 16:2 17:9 24:16 25:23 provision 14:8 proximity 10:11 psychological 15:13 15:23 public 1:1,11,12,20 3:2,3 5:3,4,20 6:2 6:3,5 7:17 9:5,8 9:19 19:21 28:12 29:11,14,18 pursuant 5:21 6:3 putting 20:23 26:5 P-a-r-v-e-e-n 18:6 p.m 16:7,12 23:16 23:18</p> <p style="text-align: center;">Q</p> <p>quality 14:3 21:2 22:19,21 25:20,22 25:24 26:3,23 27:6 questions 8:15 29:6 29:15,18 quite 23:11 quote 26:8</p> <p style="text-align: center;">R</p> <p>raise 13:18 raising 13:16</p> | <p>rather 12:18 Rauf 2:8 4:12 19:14 19:15 RC 8:20 RE 1:5 read 5:7,8 10:17 27:16,19 realized 24:14 really 11:18 18:15 19:2 20:6,11,13 21:24 reason 16:15,23 receipt 5:11 receive 11:1 received 28:18 receiving 10:23 recently 16:1 record 10:6 27:17 27:19 referral 22:17 Reform 14:1 regarding 8:15 29:6 relates 14:8 relationship 23:22 25:10,18 relevant 6:8,10 remind 7:15 28:10 renal 1:5 5:12,13 8:21 10:20 11:6 11:10 12:5,14,21 13:20,22 14:15 17:1 18:1,12 21:3 24:6 26:18 reported 1:24 3:19 30:7 reporter 10:10 18:8 30:6,20 Request 29:4 required 5:8 requirements 5:9 resident 10:22 residents 10:4 12:9 resources 12:9 response 27:15 28:8 29:16 responsibility 26:13 rest 19:7 restrictions 27:8 result 14:6 Review 5:5 6:19,20 7:11 28:22 Richard 1:19 3:1 5:2 right 22:9 Road 5:18,24 9:13 9:18 11:17,17 Rochester 20:16 Rogers 19:20</p> | <p>Room 5:24 roots 20:18 21:20 21:23 Roth 8:23 Route 11:16 RPR 1:24 3:19 Ryan 4:6 27:22</p> <p style="text-align: center;">S</p> <p>Samaritan 24:8 Saturday 23:20 saw 19:23 scheduled 5:22 6:15 28:21 29:9 schedules 13:9 school 1:20 3:2 5:4 19:21 20:4,5 scratch 21:22 22:12 seated 10:12 Secretary-Treasu... 13:20 Section 6:19 see 13:8 15:17 16:1 16:11 20:6 23:21 Seeing 28:9 29:17 sense 26:16,21,22 September 10:17 seriously 17:21 served 13:19 service 9:21 14:11 28:22 services 3:21 5:5 6:20 7:10 14:9,21 17:19,22 sessions 19:12 set 21:21 Sewell 1:19 3:1 5:1 5:2 11:20 18:3 19:13 27:11 28:20 shared 8:4 Sharon 2:4 4:4,7 8:17 Sharon's 10:6 Shawn 3:13 4:11 28:3 shifts 16:6,17,18 24:20 shopping 9:24 shorthand 30:6,7 30:20 show 10:6 16:11 24:17 side 19:20 signed 8:22 sign-in 29:13,13 since 10:10 19:8 sir 11:21 size 6:13</p> | <p>skmoon@uhlaw.c... 3:14 small 10:11 17:5 23:12 snows 11:13 social 24:15 Society 13:16 14:2 some 15:2,22 16:2,9 20:12 24:21 someone 15:5 something 9:12 sometimes 15:17 South 29:1 space 5:17 speaking 12:4 14:2 17:24 19:9 speaks 22:23 special 7:6,9 29:2 spell 18:5 spelled 10:6 spelling 10:9 spend 20:20 spent 20:10 Springfield 3:5 6:21 28:13 square 5:16 St 13:12,16 24:7 staff 23:7 stage 5:12 8:21 14:15 21:3 26:18 standpoint 17:20 start 21:22 22:15 29:13 started 7:14 10:16 16:4 starting 16:7,10 23:15 state 1:2 6:14,16,17 7:7 12:16 18:7 28:11 30:1,6 statement 26:7 States 13:3,6 17:7 statistics 14:17 16:3 stay 10:12 26:18 stayed 25:8 stenographic 30:11 still 26:9 strain 15:23 Streamwood 1:6 5:13,14,18,23,24 8:21,22 9:14 10:21 11:7,11 12:5,9 15:22 17:1 17:18 18:2,12 26:14 Street 3:4,22 6:21 28:13 strong 20:18 21:20</p> | <p>21:23 subject 12:11 submit 7:2,3 8:8 28:10 submitting 7:23 suburbs 21:24 successful 20:22 22:16 sudden 25:12 suffering 12:14 Supervisor 6:18 supplied 17:5 support 4:3,15 8:20 8:24 10:20 11:9 12:5 17:3,24 18:11 19:9 24:4,6 24:13,13 27:23 28:1,4 supported 6:11 supporting 24:5 sure 17:13</p> <p style="text-align: center;">T</p> <p>take 5:20 15:16 17:15 20:19 taken 25:11 29:22 30:11 taking 27:1 Task 14:1 technologies 21:16 telephone 6:23 7:11 tentatively 6:15 terms 25:22 testified 13:24 testimony 7:15,24 8:8,9,12,16 10:10 12:7 27:14,18,23 28:6,6 29:22 text 8:7,8 Thank 8:16 10:5 11:20,21 18:2,3,4 19:13,15 27:10,11 27:12 29:20 their 15:14 17:16,23 18:21 23:19 25:14 26:21,22,23,24 27:7 things 13:1,17 19:7 think 16:15,24 17:2 17:11 19:6,7 20:23 21:14 22:14 22:22 23:10 24:1 24:4,13 25:16 26:3,12,15,17 three 3:10 11:1 16:17 20:10 25:8 25:12 26:20 three-and-a-half</p> |
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|---|---|---|--|--|
| 26:19 three-hour 18:18 three-year 20:19 through 6:18 9:18 15:17 Thursday 7:13 23:20 29:4 time 8:11 11:3,8,13 12:20 13:19 14:24 15:3 21:11,19 26:21 29:8,24 timely 23:21 times 11:1 14:4 19:3 26:20,20 tired 18:16,20,24 tiring 9:11 today 11:15 15:4 17:17 23:2 today's 8:15 29:7 told 22:15 25:4 top 26:2 topics 14:3 town 24:17 traffic 10:1 Trafficanta 3:17 4:9 27:24 train 20:15 trained 20:8 training 5:23 20:2 20:17 22:7 transcribed 30:12 transcript 30:10 transplant 12:22 21:4,6,8 transport 25:13 transportation 9:6 9:8,19 15:17 19:4 travel 10:24 11:3,4 11:8 14:4 15:14 treat 21:10 treatment 9:10 11:2 11:5 12:19 13:9 15:6 18:23 21:3 treatments 11:4,8 16:20 tremendous 24:6 tremendously 22:24 tried 13:18 25:1 tries 18:17 true 17:6 30:9 trying 24:24 TTY 6:24 7:12 two 6:11 8:19 17:8 19:10 23:1 24:16 24:23 25:8 type 9:10 typed 6:12 T-r-a-f-f-i-c-a-n-t-a | 28:1 <hr/> U UIC 1:20 3:2 5:3 ultimately 25:23 26:4 unavailable 9:3 under 30:12 undergo 16:20 undergraduate 20:2 understanding 20:14 unfortunately 21:4 21:10 UNGARETTI 3:9 unit 25:2,3 United 13:3,6 17:6 units 27:4 University 3:2 20:1 20:5,8 until 8:15 15:1 upbringing 19:24 urgent 14:11 use 16:4 using 22:6 usually 15:1 utmost 21:2 22:19 22:21 25:20 U.S 5:13 8:20 10:20 11:6,10 12:5 17:1 18:1,12 24:6 <hr/> V valid 8:2 verbal 6:7 versus 26:15 very 9:10,10,11 16:12,12 18:20 20:21,24 21:1,15 22:3,3 23:13 24:21,22 25:1 26:8 27:10 Villa 25:3 Village 5:23 8:22,24 9:13 25:6 visits 23:14 <hr/> W wait 21:7 want 5:7 10:11,12 12:2 24:13,20 26:7 wanted 7:15 19:17 21:24 wanting 7:2 way 15:19 17:10 25:5 | Wednesday 23:19 week 11:1 26:20 weeks 24:23 well 23:24 24:8 went 15:1 19:20 25:24 were 12:20 14:24 22:14 29:21 West 3:4 6:21 28:12 western 21:24 Wilson 2:5 4:8 10:14,15,15 winter 15:7 18:13 wintertime 11:13 WITNESSES 2:1 work 13:17 18:17 18:17,19 19:24 20:13 22:10 worked 19:21 worker 24:15 working 14:24 writing 10:19 written 6:7 7:2,24 8:2 10:18 27:18 28:11 <hr/> Y year 13:6 20:20 22:7 years 12:24 13:8 14:23 15:8 20:10 21:7,13 22:12,23 25:12 <hr/> \$ \$1,678,575 5:19 <hr/> 1 1.6 9:22 10 2:5 11:9,15,18 26:15 10:00 1:14 5:22 29:10 11 2:6 6:13 29:5 11-026 5:13 11:30 29:24 11026 1:6 1130.910 5:21 12:00 23:18 120,000 13:5 13-station 5:12,16 141 5:18 9:13,17 15 8:21 11:9 16 6:15 28:23 18 2:7 19 2:8 1967 12:16 1972 13:14 | 1973 13:1 1996 7:21 19:8 <hr/> 2 2nd 3:4 6:21 28:13 20 11:16 2006 10:17 2008 13:24 2011 1:13 5:22 6:15 7:4,13 28:19,23 29:5 21 7:13 217-782-3516 6:23 7:11 29:3 217-785-4111 28:16 217-785-9129 3:5 24 18:18 25 1:13 5:22 10:24 19:1 27 7:4 28:19 <hr/> 3 30 10:24 15:5 30-minute 14:19 19:2 312-977-4400 3:12 314-644-2191 3:23 3500 3:10 <hr/> 4 400,000 13:2 401 5:24 411 29:1 45 26:15 48 18:18 <hr/> 5 5,813 5:16 5:00 16:10 23:15 50 14:23 525 3:4 6:20 28:12 <hr/> 6 60107 6:1 60602 3:11 62702 3:5 62761 6:22 62761-0001 28:14 65 21:13 67 15:8 <hr/> 7 7:00 16:7,12 23:16 70 15:10 71 13:14 711 3:22 | 8 <hr/> 8 2:4 80 15:11 800-547-0466 6:24 7:12 84-1766 3:20 <hr/> 9 9:00 28:18 9:30 29:13 |
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