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STATE OF ILLINOIS
BEFORE THE HEALTH FACILITIES AND
SERVICES REVIEW BOARD

IN RE THE MATTER OF:)
Health Hearing Request,)
Health Facilities Planning Act)
PROJECT: 12-058, U.S. Renal Care)
Lemont Dialysis.)

TRANSCRIPT OF PROCEEDINGS had in the
above-entitled matter at 1115 Warner Avenue,
Lemont, Illinois, on the 23rd day of August,
A.D. 2012, at 11:00 a.m.

BEFORE: MS. COURTNEY R. AVERY,
Administrator
MS. ALEXIS MURONO KENDRICK,
Compliance Legislative Manager
and
MR. JAMES BURDEN, Board Member

1 I N D E X O F S P E A K E R S

2

3 NAME PAGE

4 LOUISE WALLIN.....9

5 CORINE HOLMAN.....10

6 EDGARDO CINCO.....12

7 RICHARD WALICZEK.....12

8 IRENE RAMOS.....15

9 MARTY NAWROCKI.....16

10 CRAIG CORKERY.....18

11 GERALD MILLIGAN.....20

12 SHIRLEY TANGUAY.....22

13 DR. PREETI NAGARKATTE.....24

14 NORMAN TANGUAY.....29

15 VICKI FUNK.....31

16 JOAN FUNK.....32

17 PHILIP R. O'CONNOR.....35

18 GARY MUELLER.....40

19 PEGGY LARSON.....46

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23

24

1 APPEARANCES:

2

3 ILLINOIS HEALTH FACILITIES AND SERVICES

4 REVIEW BOARD

5 525 West Jefferson Street, 2nd Floor

6 Springfield, Illinois 62702

7 217-782-3516

8 BY: MS. COURTNEY R. AVERY,

9 Administrator

10 MS. ALEXIS MURONO KENDRICK,

11 Compliance Legislative Manager

12 and

13 MR. JAMES BURDEN, Board Member

14

15 ALSO PRESENT:

16 The Court Reporter:

17 Ms. Patricia A. Armstrong, CSR, RPR,

18 Illinois CSR No. 084-001766

19 Midwest Litigation Services

20 711 North Eleventh Street

21 St. Louis, Missouri 63101

22 (314) 644-2191.

23

24

1 (Start Time: 11:00 a.m.)

2 MS. KENDRICK: Good morning everybody.

3 My name is Alexis Kendrick. I am
4 the Compliance and Legislative Affairs Manager
5 for the Illinois Health Facilities and Review
6 Board. I am acting as the hearing officer for
7 today's proceedings.

8 Also present and representing the
9 Board are Dr. Jim Burden, Board Member and
10 Courtney Avery, Administrator of the Board.

11 Our purpose here today is to hear
12 testimony regarding the proposed establishment
13 of U.S. Renal Care Dialysis Lemont, Project
14 No. 12-058.

15 As per the rules of the Illinois
16 Health Facilities Review Board, I would like to
17 read the legal notice into the record.

18 (WHEREUPON, the following legal
19 notice was read into the record as
20 follows:)

21 "In accordance with the
22 requirements of the Illinois Health Facilities
23 Planning Act, notice is given of receipt of a
24 Certificate of Need application from U.S. Renal

1 Care Incorporated, USRC Alliance, LLC and USRC
2 Lemont, LLC to establish a 13-station end stage
3 renal dialysis facility in 6500 gross square
4 footage of space located at 1096 South State
5 Street in Lemont Illinois proposed cost of
6 \$2,368,350.

7 A public hearing is to be held by
8 staff of the Health Facilities and Services
9 Review Board pursuant to the Illinois Health
10 Facilities Planning Act.

11 The hearing is open to the public
12 and will forward an opportunity for parties with
13 interest to present written and/or verbal
14 comments relevant to the project.

15 The public hearing will take place
16 pursuant to Part 1130.910 and is scheduled for
17 11:00 a.m. Thursday August 23, 2012 located at
18 the Lemont Township office, 1115 Warner Avenue,
19 Lemont, Illinois.

20 Consideration by the State Board
21 has been tentatively scheduled for the
22 October 30, 2012 State Board meeting. That's
23 the end of the legal notice.

24 I would advise you to check the

1 Board's web site at www.hfsrb.illinois.gov for
2 any changes or a tentative meeting date and
3 other information related to the CON
4 application.

5 Please note that in order to ensure
6 that the Illinois Health Facilities and Services
7 Review Board's public hearings protect the
8 privacy and maintain the confidentiality of an
9 individual's health information, covered
10 entities as defined by the Health Insurance
11 Portability Act of 1996 such as facilities,
12 health providers, health plans and health care
13 clearing houses, submitting oral or written
14 testimony that discloses protected health
15 information of individuals shall have a valid
16 written authorization from that individual.

17 The authorization shall allow the
18 covered entity to share the individual's
19 protected health information at this hearing.

20 If you have not already done so,
21 please see Courtney Avery and sign in using the
22 appropriate registration forms.

23 Those of you who came with prepared
24 text of your testimony may choose to submit the

1 written text without giving an oral
2 presentation, which will be entered into today's
3 record.

4 I ask that you please limit your
5 testimony to five minutes. I will call
6 participants in accordance to the predistributed
7 HFSRB numbers.

8 Prior to beginning your remarks,
9 please state and clearly spell your first and
10 last name. After you have concluded your
11 remarks. Please provide two copies of your
12 testimony if you have them.

13 We will begin with representatives
14 from U.S. Renal Care. You can come to the
15 podium to give your remarks.

16 MR. PIRI: Thank you. I appreciate the
17 time that you guys are affording us.

18 My name is Steven Piri, President
19 of U.S. Renal Care.

20 Just to give you guys the
21 background on our company, we started in the
22 year 2000. We have currently over 100 centers.
23 We now have four centers in the Chicagoland
24 area, Streamwood being the first one. That

1 opened this past summer and three more that are
2 opening in the next three months or so being Oak
3 Brook, Bolingbrook and Villa Park.

4 Right now our focus as a company is
5 when we get approved, we do open those centers
6 quickly, cost-effectively and work with the
7 physicians that are there.

8 Currently, as you know, there is
9 much competition up here. We are not the
10 biggest company in dialysis.

11 Our goal is always to be the best
12 company that is focused on patient care and
13 quality. Why are we here? Well, there is
14 interest from the community to build a center
15 here in Lemont.

16 We are here because the area
17 physicians have asked us to come here, as well
18 the patients.

19 Hopefully you will be hearing from
20 them today, the reasons for us to be in the
21 Lemont area.

22 There is also an increased need
23 based upon growth and diversity of the patients
24 in this population here. U.S. Renal Care is a

1 physician focused joint venture company.

2 What we mean by that is the
3 physicians also have ownership in the facilities
4 which helps make better quality care decisions.
5 It is not left to just business people making
6 decisions on behalf of the entity itself.

7 Ultimately USRC provides patients
8 with a choice where they get their treatment
9 where historically there hasn't been much choice
10 up here.

11 So once again, I want to thank you
12 guys for hearing our application, listening to
13 it and we welcome the thoughts of the folks in
14 the crowd here.

15 Thank you.

16 MS. KENDRICK: Thank you. We will move
17 on to No. 2 -- No. 1, sorry.

18 MS. WALLIN: My name is Louise Wallin,
19 L-o-u-i-s-e W-a-l-l-i-n.

20 I have been a dialysis patient for
21 a little over two years at Silver Cross Hospital
22 until DaVita took over.

23 I can tell you from the bottom of
24 my heart that we need more choices to determine

1 where to have dialysis.

2 I believe the patient should have
3 the right to decide whether we want to help make
4 money for a corporation or get medically
5 professional dialysis with the medical supplies
6 that are the most suitable and safe for each
7 patient.

8 I am currently buying Tegaderms and
9 Chloraprep sponges because they are too
10 expensive for DaVita. A center run by doctors
11 would understand the need for necessary medical
12 supplies.

13 I am on dialysis for three hours,
14 but I am at the center for four to
15 five-and-a-half hours since there are not enough
16 nurses to take care of the patient load.

17 I think you will be surprised how
18 many people will be coming to a professional
19 medical facility. Thank you for letting me
20 talk.

21 MS. KENDRICK: No. 2.

22 MS. HOLMAN: Good morning. My name is
23 Corine Holman, C-o-r-i-n-e H-o-l-m-a-n. I am
24 here on behalf of my doctors and on behalf of

1 U.S. Renal Care.

2 I feel that we as patients should
3 have a right to go where we want to go closer to
4 our homes and not go miles and miles away.

5 The facilities that they have now
6 are so far away. Some people have to drive.
7 Some people have no rides. They can't get there
8 on time because the few facilities that is here
9 are just spread away from so many people, and I
10 think that we as people should have the right.
11 The facilities care about us. We shouldn't have
12 to go out and buy the things that we need to be
13 safe with. The doctors that we have they love
14 us. They treat us like family. It's like a one
15 on one.

16 But this DaVita thing is not for
17 us. They are about money. We are like cattle
18 to them. I don't think that is the way we
19 should be treated. We should be treated like
20 human beings, not a bunch of cattle, and that's
21 the way DaVita treats us.

22 So we hope that you will let these
23 facilities open up for us so that we can have
24 things that we need and the care that we need

1 and not that it be about money, please. Think
2 about it. Thank you.

3 MS. KENDRICK: Thank you, Ms. Holman.

4 MS. HOLMAN: You are quite welcome.

5 MS. KENDRICK: No. 3.

6 MR. CINCO: My name is Edgardo Cinco,
7 C-i-n-c-o. My wife and I are here to support
8 the doctors at U.S. Renal Care to open a
9 dialysis facility in Lemont.

10 Our town is growing so fast, and
11 there is not enough room for patients in our
12 treatment centers.

13 When you decide on this new clinic,
14 it is important that you consider how fast our
15 population is growing.

16 There are a lot of nursing homes
17 and senior centers in the area. That means
18 there are a lot of people who need dialysis.

19 Please approve this new center for
20 dialysis patients in Lemont. Thank you very
21 much.

22 MS. KENDRICK: No. 4.

23 MR. WALICZEK: My name is Richard
24 Waliczek spelled R-i-c-h-a-r-d W-a-l-i-c-z-e-k.

1 I am here today for the simple reason that I
2 want a dialysis center in Lemont.

3 Until recently I have been driving
4 over 35 minutes each way to treatment; and if I
5 hit traffic, it was worse. I love my doctors,
6 but it's just too far for me and too far for
7 anyone.

8 I should be able to have that same
9 care that I am getting now but a lot closer to
10 home.

11 I have been trying for a year and a
12 half to get closer to a unit, and even the ones
13 that I have been looking at are still pretty
14 far.

15 Every time it looked like I'd get a
16 closer seat, they would tell me, "You'll get the
17 next one, you'll get the next one."

18 To me, that's just saying there
19 aren't enough seats. And I know that the
20 surrounding communities don't really have much
21 either.

22 Getting a facility in here would
23 help the patients there, too. You just know
24 there are more people in the area who could use

1 a facility like this.

2 I have a son that's three years
3 old. My wife works, so on the days I have
4 dialysis, we have to put him in daycare. We
5 don't like putting him there, but we don't have
6 a choice.

7 By the time I drop him off, get to
8 treatment, pick him up, and get home, it's
9 basically the end of the day.

10 And I would like to be able to
11 spend that extra time with my son. It would
12 also give me some peace of mind if I didn't have
13 to be in the car for so long when I am so tired
14 like that.

15 Like I have heard other people say
16 before, we were lucky this past year and had a
17 pretty mild winter. But no one can guarantee
18 that we will be so lucky this year.

19 Driving in the snow is not fun for
20 anyone, and I certainly don't want to do it
21 after treatment. But it's not like we can skip.
22 So the best option in this case is to open a
23 facility in Lemont so that patients like me can
24 be close to home for our treatment. Thank you

1 MS. KENDRICK: No. 5.

2 MS. RAMOS: Hi. My name is Irene Ramos,
3 R-a-m-o-s. I am the dialysis nurse. I have
4 been working with Silver Cross for almost six
5 years.

6 I have been working with Dr. Ahmed,
7 Dr. Nagaratte, Dr. Kravets, Dr. Mehta and
8 Dr. Gurfinkal for six years, and they are really
9 good doctors. They are excellent doctors. They
10 take cake good care of the patients.

11 When we were in Silver Cross, it
12 was a family between our patients, and we really
13 take good care of them; but unfortunately when
14 we were sold to DaVita, everything went down
15 hill. I feel bad about it. They are more into
16 profit. They are not into patient care.

17 It is very important for them to be
18 a part of what their needs are. Basically right
19 now kidney failures have been increasing.

20 I also live in Lemont. I have been
21 here for four years, and I have been observing
22 the health care facilities we have here, but we
23 also need a dialysis center.

24 For U.S. Renal here, Silver Cross

1 and Fresenius are monopolies. They are more
2 focused on money, and that is what we need right
3 now.

4 We are kind of like scared, too,
5 because we are more staff nurses and nurse
6 R.N.'s, and they are trying to cut it down.

7 To look forward, we need more staff
8 nurses to take care of these patients, and that
9 is about it. Thank you.

10 MS. KENDRICK: Thank you. No. 6.

11 MS. NAWROCKI: My name is Marty Nawrocki
12 spelled N-a-w-r-o-c-k-i. I am also a resident
13 of Lamont. Thank you for giving me the
14 opportunity to speak to you today.

15 I am here because I have chronic
16 kidney disease, and I may soon have to be on
17 kidney dialysis.

18 I have done my research, and I know
19 that there aren't any facilities in Lemont, and
20 that concerns me.

21 That is why I give my support to
22 U.S. Renal Care and my doctors to open a new
23 facility in Lemont and I urge you to do the
24 same.

1 Right now, I still drive to places
2 I need to get to. The day may come when I am
3 not going to be driving.

4 I will have to find a way to get to
5 people and maybe to dialysis treatment. I
6 already know it will be a hassle.

7 There is a shuttle bus that people
8 who don't drive can use to get to the dentist or
9 the doctor or what-have-you, but a lot of my
10 friends say the shuttle bus is always tied up.
11 When dialysis patients have to take the bus,
12 it's tied up for hours because there is no close
13 treatment. They say it really gets to be a
14 problem.

15 If there was a closer facility, it
16 would really free up that bus. And there is
17 definitely a need for such a facility.

18 In Lemont, we have all of these
19 nursing homes and retirement communities. There
20 are an awful lot of seniors in the area; and, as
21 people get older, they are the ones who need
22 this so much more.

23 And they need the transportation,
24 too, because so many of them cannot drive. It

1 would be great to have a facility here. Three
2 times a week! Think about how much that ties up
3 your day. And if it takes a long time to get to
4 and from treatment, that's even more of your day
5 that's gone.

6 I support opening a new facility in
7 Lemont not only for myself, but for friends and
8 neighbors who also need it.

9 Lemont doesn't have a facility, and
10 I know that when the day comes that I have to
11 start treatment, I am going to need one close
12 by, so I am not going all around town or waiting
13 hours and hours for the bus. Thank you.

14 MS. KENDRICK: No. 7.

15 MR. CORKERY: Good morning, ladies and
16 gentleman. My name is Craig Corkery, C-r-a-i-g
17 C-o-r-k-e-r-y, and I am a kidney dialysis
18 patient of Dr. Gurfinchel's U.S. Renal Care's
19 doctors group in New Lenox.

20 I am here to support my doctors and
21 U.S. Renal Care in their efforts to open a new
22 dialysis facility in Lemont.

23 With the advent of more seniors
24 "baby boomers" in need of renal care and CKD

1 becoming an issue recently, I believe the need
2 for professional care is at hand.

3 Plain and simple, I would like to
4 see a center in Lemont. This is a great group
5 of doctors.

6 They are attentive and they put
7 their patients' needs ahead of everything else.
8 I can truthfully say this because of the care
9 that Dr. Gurfinchel and his group is providing
10 me.

11 My wife and I live in Lockport, and
12 this center would be convenient for me. There
13 isn't even a center in Lemont right now.

14 I truly believe that there is a
15 need for one, especially with how fast this area
16 is growing.

17 Patients around here need something
18 accessible and this close to home. Convenience
19 really makes a difference when you are spending
20 three days a week in treatment.

21 This is a great opportunity for the
22 people of Lemont to support dialysis patients in
23 Lemont and a great opportunity for us to support
24 first-rate doctors.

1 I urge you to approve this U.S.
2 Renal Care facility in Lemont. Thank you for
3 your time today.

4 MS. KENDRICK: No. 8.

5 MR. MILLIGAN: Good morning. My name is
6 Gerald Milligan, M-i-l-l-i-g-a-n. I have been
7 on dialysis for just over six months.

8 I am here today because I am
9 frustrated with my current treatment center, and
10 I want to tell you why we need a choice in this
11 town for dialysis.

12 There is only one show in town
13 right now, and it would be good for me and other
14 patients to get some options around here.

15 Where I go now is over 15 miles
16 from my house. I drive myself, and it's a long
17 drive, especially after my treatments.

18 Dialysis can be exhausting, and
19 even on good days, the last thing I want to do
20 is be in the car for a long time.

21 The appointments take up a big part
22 of my day, and I'd like to get home so I can
23 relax or be with my family.

24 I would also like to go to a center

1 that will focus on my needs. I want to be
2 treated like more than just a seat-filler.

3 A lot of other people at my clinic
4 feel the same way, too.

5 I know some appointment times are
6 in high demand, but I need to go somewhere that
7 can try to work with me.

8 I have an eight-year-old daughter
9 who started school this week. I'd like to be
10 able to drop her off and pick her up from school
11 on time.

12 But the way it stands now, I won't
13 be able to do that. It's so full over there,
14 and I can't get a time slot that works.

15 My wife is going to have to race
16 home from work to pick up my daughter on my
17 treatment days. Even rushing, it will be
18 cutting it close.

19 I know my family supports me, and
20 they don't mind adjusting their schedules a
21 little bit to accommodate me. But they
22 shouldn't have to do that. It's not fair to
23 them, and it's just plain inconvenient.

24 It's bad enough that I have to sit

1 there for four hours, four times a week and
2 waste half of my day.

3 I would like to know it's not
4 causing my family a bunch of difficulty. They
5 do not need to be jumping through hoops for me.

6 I should be able to go to a
7 facility where they want to help me and want to
8 work with me. That's why we need a choice in
9 this town. And that's why I think you should
10 allow these doctors to open a facility in
11 Lemont.

12 I have been to the Mayo Clinic
13 several times, and Dr. Rauf and his associates
14 give care that is equal to what I have received
15 there.

16 Thank you very much for your time.

17 MS. KENDRICK: Thank you. No. 9.

18 MS. TANGUAY: My name is Shirley Tanguay,
19 S-h-i-r-l-e-y T-a-n-g-u-a, and I am here today
20 with my husband Norman who is on dialysis.

21 We are here because we wanted to
22 tell you in person that a dialysis clinic in
23 Lemont would surely be a blessing to me and
24 Norman.

1 He has been on dialysis for four
2 years. I know Norman could drive himself there,
3 but that doesn't work because he still needs a
4 ride home.

5 When he gets home after his
6 four-hour treatments, he is just so drained
7 there is no way he can drive himself. It would
8 not be safe.

9 So that means that for the past
10 four years we have had to rely on friends and
11 volunteers from our church to drive Norman 30
12 minutes each way to get his dialysis.

13 One woman comes all the way from
14 Plainfield every week to drive him. There are
15 no buses or trains that can get him there from
16 our house.

17 It is very stressful sometimes when
18 we think we don't know who will bring him. More
19 than anything, I just want my husband to be
20 comfortable and not have to worry about this.
21 It should not be this hard on dialysis patients.
22 They already go through enough. It's so
23 stressful on both of us.

24 Me and Norman were very happy when

1 we heard there may be a place opening in Lemont.
2 It would be so much easier to get people to take
3 him, and it would give me and Norman some peace
4 of mind and take a lot of stress out of our
5 lives. It would be such a blessing. I'm so
6 grateful that you are listening to us. Thank
7 you.

8 MS. KENDRICK: Thank you. No. 10.

9 DR. NAGARKATTE: My name is Dr. Preeti
10 Nagarkatte, P-r-e-e-t-i. The last name is
11 Nagarkatte, N-a-g-a-r-k-a-t-t-e.

12 Thank you all for coming. Thank
13 you for the opportunity to speak to you
14 regarding this important project.

15 I am Dr. Preeti Nagarkatte; and, if
16 approved, I will be the medical director of the
17 U.S. Renal Lemont dialysis facility.

18 I fully support a USRC dialysis
19 clinic for one reason, my patients, and other
20 people in the area need it for access to
21 lifesaving care.

22 First and foremost, I consider
23 being a doctor to be an incredible privilege,
24 one in which I am allowed into the most

1 important and personal aspect of peoples' lives.
2 It's not something I take lightly or take for
3 granted.

4 Guided by the philosophy that
5 patients always come first, I view my patients
6 as partners.

7 Together, we can get them on a
8 health path so they aren't suffering with kidney
9 disease, but instead living well in spite of it.

10 I was attracted to medicine for two
11 reasons -- first, an ability to give something
12 back by making differences in patients' lives,
13 one patient at a time.

14 Bringing tangible results and hope
15 are critical to the human condition. It is the
16 only reason we all exist and continue to learn.

17 Second, I have always been
18 fascinated by the science, and particularly the
19 chemistry of the human body.

20 Nephrology affords me the privilege
21 of working with patients over long periods of
22 time. The decisions we make today together
23 often yield positive long-term results.

24 Taken together, this is exactly why

1 I am working with USRC to bring a much-needed
2 dialysis center to Lemont.

3 As a nephrologist practicing in the
4 Lemont area and having been trained locally in
5 Chicago, at both the Pritzker School of
6 Medicine, the University of Chicago, and Rush
7 University Medical Center, I have seen the
8 growth in the ESRD population in both the Lemont
9 area and the greater Chicagoland area as a
10 whole.

11 We are proposing this facility
12 primarily to meet the need of ERSD patients that
13 reside in Lemont.

14 However, we also recognize that the
15 Board has identified a need in this health
16 service area.

17 As of the latest inventory, the
18 Board has identified a need for 65 additional
19 stations to serve the residents of this health
20 service area.

21 This project will help address this
22 need by making an additional 13 stations
23 available for residents of Lemont and this
24 health service area.

1 The calculation of needed stations
2 in this health service area is supported by
3 census statistics regarding population growth.

4 As you are well aware, the
5 prevalence of ESRD differs between various
6 ethnic and age groups which will affect a
7 population's overall ESRD rate as the mix of the
8 population changes.

9 The communities comprising this
10 health service area have undergone significant
11 changes between the years 2000 and 2010.

12 This health service area has seen a
13 dramatic increase in both the Hispanic and
14 Latino, and African populations, with such
15 populations growing by over 187,000 individuals
16 and 70,000 individuals, respectively.

17 Furthermore, the population 65 and
18 over has grown by almost 7 percent, which is
19 over 28,000 individuals.

20 The growth in this population
21 represents a significant aging of this community
22 and results in greater need for ESRD services.

23 As these populations are at higher
24 risk for ESRD, the increase in these populations

1 directly results in increased need for dialysis
2 stations.

3 I can also tell you Lemont is home
4 to many nursing homes and retirement
5 communities.

6 These residential facilities don't
7 offer dialysis and, therefore, they have to
8 transport their patients out of town to and from
9 dialysis three times a week.

10 I have spent time talking with
11 these facility administrators, and I know they
12 too support this project as it will improve
13 access and quality of life for their residents.

14 Speaking of support, in addition to
15 assisted living facilities, we are also very
16 grateful to have the support of the Lemont
17 Township Supervisor, elected officials and area
18 hospitals including Adventist Bolingbrook and
19 Provena St. Joseph. But most importantly,
20 nobody suspects this more than the patients
21 themselves.

22 In closing, I want to thank you for
23 your time and consideration.

24 As a physician, nothing is more

1 important to me than knowing my patients have
2 the quality of life and care they need to live
3 the life they deserve.

4 A new Lemont facility will give
5 them access to life-saving treatment, but
6 equally important, it will give them peace of
7 mind and comfort knowing they have the care they
8 need close to home.

9 MS. KENDRICK: Thank you. No. 11.

10 MR. TANGUAY: My name is Norman Tanguay,
11 T-a-n-g-u-a-y. I am here today because I want a
12 dialysis center in Lemont. I am a resident of
13 Lemont and I have been on dialysis on four
14 years.

15 Because there is no dialysis center
16 in Lemont now, I have to travel far to get my
17 treatments, at least 30 minutes each way.

18 It wouldn't be as bad if I could
19 drive myself. I would be fine on the way there,
20 but there is no way I could drive all that way
21 home after dialysis.

22 Some days I am all right, but many
23 days it just knocks the living hell out of me. I
24 am just so drained. I am almost 80 years old.

1 My wife Shirley, who is with me
2 here today, doesn't drive. So every week we
3 have to line up volunteers from our church and
4 depend on them to get me to and from dialysis
5 three times every week.

6 They are very nice to help, but do
7 you have any idea how stressful it is to worry
8 about rides every week? I don't want to have to
9 rely on anybody. They have a life, too. How
10 much longer am I going to have to depend on
11 them?

12 I came here today on my day off
13 dialysis, and I came because it would make a
14 difference to me and my wife to have a dialysis
15 center close to our home in Lemont.

16 This center would only be a few
17 minutes from our house. I am just so happy
18 thinking about how much easier this could be on
19 us.

20 Please help me and my wife and many
21 other people by saying "Yes" to this dialysis
22 clinic. You have no idea how much it would mean
23 to us.

24 The Lemont area is not that big of

1 area to get around. It could mean an awful lot
2 to a lot of people.

3 Also, the one I am dealing with I
4 have to go to Silver Cross Hospital. It's so
5 nice to have a hospital right over here. That
6 makes a big difference, too. That's good
7 enough. I have said too much already. Thank
8 you for listening.

9 MS. KENDRICK: Do we have a No. 12? No.
10 No. 13.

11 MS. VICKI FUNK: Good morning. My name
12 is Vicki Funk, F-u-n-k.

13 My mother is on dialysis, and we
14 are here because we support Dr. Nagarkatte and
15 U.S. Renal Care.

16 My mom has been on dialysis for
17 about two years now.

18 But Dr. Nagarkatte was able to keep
19 her off of dialysis for eight years before that.
20 She really is a great physician, and she is
21 always available to answer questions that my mom
22 and I have.

23 Aside from Dr. Nagarkatte's
24 involvement in this new facility, it's important

1 to approve it because of the fact that there are
2 not any dialysis centers in Lemont right now.

3 A neighbor takes my mom to
4 treatment, and I bring her home, and I can tell
5 you that patients need a facility that's close.

6 They get tired after treatment, and
7 the patients who can drive themselves should not
8 have to drive a long way to get home. It's just
9 not safe. It would certainly be a benefit to be
10 close to home.

11 Please let this dialysis facility
12 in Lemont go forward. It is important for
13 kidney disease patients like my mother and
14 everyone else here today. Thank you.

15 MS. KENDRICK: No. 14.

16 MS. JOAN FUNK: My name is Joan Funk,
17 J-o-a-n F-u-n-k. My body is kind of falling
18 part along with my kidneys.

19 A VOICE: Amen.

20 MS. JOAN FUNK: But I am so happy to be
21 here today because I want to support
22 Dr. Nagarkatte and her colleagues and people
23 that are on dialysis.

24 Because I have so many health

1 problems, I am not able to drive myself. I
2 could go there, but I can't drive home. So
3 that's my problem.

4 Fortunately I am one of the people
5 that live close. I am six miles from Silver
6 Cross, and my daughter happens to work right
7 upstairs at Silver Cross. It's convenient. I
8 pay a gentleman to take me twice a week. My
9 daughter takes me on Saturday, and my daughter
10 picks me up at night. It has taken some time,
11 but we have gotten the time worked out. So that
12 works well for me.

13 But more important, it needs to be
14 close to people. You sit there for three to
15 four hours, and it's not a pleasant thing to
16 have to do.

17 Patients like me need a facility
18 that is convenient and close to home, and we
19 need somewhere that we are comfortable, because
20 we are spending 12 or more hours a week at
21 treatment.

22 We have our T.V.'s, and our nurses
23 are wonderful. They make us as comfortable as
24 possible; but unfortunately, DaVita came in and

1 took away a lot of our privileges.

2 So, it's very important that you
3 are close to home. If you have to pay someone
4 to take you, we have a gentleman that comes by
5 cab.

6 The further away he would live the
7 more expensive it would be for him to get there.
8 We don't need that either.

9 When I heard Dr. Nagarkatte was
10 involved with this project, I was on board right
11 away. She is a great doctor, and she has helped
12 me a lot over the years. But more importantly,
13 like I said earlier, kidney patients need good
14 care close to home.

15 Dialysis is very tiring, and we
16 shouldn't make patients drive a long way after
17 treatment.

18 I am glad my neighbor and my
19 daughter can drive me, because I am just too
20 tired after treatment to drive myself.

21 But I think you do need a space
22 here for dialysis here in Lemont because the
23 closer you are, the better it is and like
24 myself, if you can't drive home yourself, it

1 makes it really inconvenient to have to really
2 depend on other people.

3 So please, please, approve your
4 dialysis center here in Lemont. It is greatly
5 needed.

6 MS. KENDRICK: No. 15.

7 MR. O'CONNOR: First of all, thank you
8 for holding this hearing.

9 My name is Philip R. O'Connor. I
10 provided two copies of written testimony
11 supporting exhibits, and I am here on behalf of
12 U.S. Renal Care to address more specifically a
13 number of issues, but particularly the issues of
14 changes in the demographics in this area and the
15 impact on the need for renal dialysis, and these
16 considerations are ones that really go to the
17 Board's judgment above and beyond the
18 information that is yielded by the general
19 planning model.

20 And, again, thank you. I have
21 appeared several times before the Board on these
22 issues, so I won't belabor some points.

23 My written testimony covers three
24 issues. One is the demographic changes in

1 HSA-7, as well as in Lemont; second, the ease
2 and convenience of patient access to dialysis
3 modalities; and third, the value of various
4 kinds of treatment options for patients.

5 The latter two issues I will leave
6 to the written testimony and focus exclusively
7 on these demographic matters.

8 Dr. Nagaratte did address some of
9 these and some of the other folks have made
10 references to them; but importantly, of course,
11 as Board knows, we have quite different
12 prevalence of ESRD and different age groups and
13 different ethno-racial segments of the
14 population, and those age and ethno-racial
15 groupings show up in different concentrations in
16 different areas; and when areas change between
17 one census and another, there is not uniform
18 change.

19 There are quite different changes.
20 We can see on this chart, of course, the
21 difference in the age groups and the prevalence
22 of it, the group with the peak level is in that
23 65 to 74 age group, which is quite pertinent to
24 Lemont. I will get into that in just a moment.

1 In HSA 7 what we have is a very big
2 change both in terms of age and in terms of the
3 ethno-racial makeup.

4 So the 45 and older population has
5 grown by well over 200,000 in HSA 7, while the
6 group under 45 has declined by 173,000. So that
7 is a major net shift of nearly 380,000 in the
8 makeup of HSA 7 from the under 45 of the 45 and
9 over group.

10 Similarly in Lemont, while the
11 Village was growing by 22 percent or about 2,900
12 people, the higher risk group of 45 and over
13 grew by 2,500.

14 So almost the entirety of the
15 population growth is really accounted for by the
16 shift into this older population group.

17 So that risk group of 45 and older
18 grew by about 51 percent compared to the 22
19 percent change, and more generally in the 65 to
20 74 group grew by 69.7 percent compared to the 22
21 percent more generally.

22 Let's go on then to the
23 ethno-racial change; and, again, this is
24 something that is familiar to the Board, but has

1 particular pertinence to HSA 7 and HSA in
2 Lemont.

3 The African-American and Hispanic
4 population HSA 7, those have surged by about a
5 quarter of million people or eight times the
6 total growth in HSA 7 in the census period of
7 just 31,000.

8 So there is major acceleration in
9 the makeup of the population HSA 7; and, of
10 course, as we know, these two ethno-racial
11 groups are much more susceptible.

12 If we go to Chart 6, which would be
13 the last one, the bar graph, in Lemont, while
14 the African-American population has not grown
15 very much, the Hispanic population has grown
16 dramatically, and it has more than doubled in
17 the census period; and, again, this is a group
18 that is more at risk.

19 What is interesting in Lemont is
20 the compounding effect of the age bulge and the
21 change in ethno-racial make-up.

22 Lemont is a community that has
23 grown in great part because of migration from
24 the southwest side of Chicago, and a good

1 portion of that growth has been people of
2 Hispanic origin.

3 So, as the population ages in
4 Lemont, it has already been dramatic, there
5 could be substantial housing stop turnover.

6 It's highly likely that a lot of
7 that turnover will result in increasing
8 proportion of the population being Hispanic and
9 to some extent African-American, if past
10 patterns hold.

11 On the other hand, if we don't have
12 that housing turnover and people age in place,
13 we are going to continue to have a substantial
14 increase in the age bulge so that we have within
15 the period of time that these facilities would
16 be going up about another thousand people that
17 would migrate into the higher risk group over
18 45.

19 So, let me conclude with that and
20 suggest that these sorts of issues are ones that
21 the Board is in a position to exercise judgment
22 on rather than looking exclusively to the
23 general planning model because the general
24 planning model is not in a position to take full

1 account of these sorts of changes. Thank you
2 very much.

3 MS. KENDRICK: Thank you. Do we have a
4 16?

5 MR. MUELLER: Good morning. My name is
6 Gary Mueller, G-a-r-y M-u-e-l-l-e-r. I am an
7 attorney. I had no other skills. That is the
8 best I could do.

9 [Laughter.]

10 MR. MUELLER: I do transactional work. I
11 defend doctors. I work on behalf of hospitals
12 and physicians groups for the past 23.

13 My grandfather suffered from kidney
14 disease and had to have dialysis treatment. I
15 am one of six kids.

16 The four of us who could drive is
17 the way our grandfather got back and forth to
18 the hospital for his dialysis sessions.

19 For him it was the same type of
20 discussion that every single one of the patients
21 here mention.

22 He appreciated the convenience. He
23 certainly appreciated the quality of care. I
24 appreciated the fact that he had an option.

1 I speak, however, in opposition to
2 12-058. There are a number of reasons. But I
3 listened attentively to all of the statements
4 that were made.

5 Most notably the first speaker, the
6 president mentioned that Oak Brook, Bolingbrook,
7 Villa Park, that those centers are a couple of
8 months away from being completed up and ready to
9 go.

10 He also said, however, he does want
11 to give patients an option. Ms. Holman is
12 correct. You do have a right to go where you
13 want to go. You do have a right not to be
14 treated like cattle. There is no question about
15 it.

16 Mr. Waliczek -- I hope I am
17 pronouncing it correctly -- 35 miles is too long
18 to have to drive a long way to get taken care to
19 get the treatment that you so desperately
20 deserve and need.

21 Dr. Nagaratte, you are right. You
22 mentioned that access to life-saving care is
23 very important. I absolutely agree with those
24 representations.

1 What I mentioned today simply is
2 this: U.S. Renal Care and in order to fulfill
3 the requirements of a Certificate of Need needs
4 to provide options and needs to provide service
5 and some type of business plan that assures that
6 those requirements will be complied with.

7 In the case of U.S. Renal, however,
8 in the background information that I have at
9 least reviewed appears as if a business plan
10 appears to include obtaining a favorable ruling
11 on a Certificate of Need and then sitting on its
12 hands.

13 As the President correctly pointed
14 out, U.S. Renal Downers Grove, U.S. Renal
15 Bolingbrook, U.S. Renal Streamwood were all
16 approved October 12th, almost a year ago. There
17 is no quality data from any of those facilities
18 yet.

19 The imminent need that all of these
20 patients talked about, they can't wait a year.
21 They need it now.

22 I absolutely agree that the need is
23 there, but I don't want them being sold a bill
24 of goods that we are trying to get you care, we

1 are trying to get it to you quickly, it may not
2 be that fast.

3 I just want to make sure everybody
4 understands at least what the practice has been
5 in the past.

6 U.S. Renal Villa Park was only
7 recently approved July 24th, but nonetheless
8 there was no quality data from that facility
9 either.

10 When the testimony has been
11 provided in the prior public hearings which I
12 did take the time to review at other sites.

13 U.S. Renal stressed at that time
14 giving patients options of providing convenient
15 quality care.

16 How can U.S. Renal provide a choice
17 as well as convenient quality care when nothing
18 is done. You don't have centers up and running.

19 To the patients I would simply ask,
20 have you ever received treatment from U.S.
21 Renal?

22 Do you know that the treatment will
23 necessarily be better? Who owns U.S. Renal?
24 Does that matter to you? Should it? Check this

1 to see what you will get.

2 There are some who spoke against
3 DaVita. Please make sure and check to see are
4 their directors that are at DaVita that also are
5 at U.S. Renal? I would ask you to check that
6 out. Thank you very much for your time.

7 MS. KENDRICK: Thank you. Is there a 17?

8 [No response.]

9 MS. KENDRICK: Is there anyone else who
10 wishes to testify who has not had an
11 opportunity.

12 [No response.]

13 MS. KENDRICK: Hearing none, is there
14 anyone who has testified who wishes to provide
15 additional testimony?

16 [No response.]

17 MS. KENDRICK: Please note that this
18 project is tentatively scheduled for
19 consideration by the State Board at its October
20 30th meeting.

21 The meeting will be held at the
22 Bolingbrook Golf Club located at 2001 Rodeo
23 Drive, Bolingbrook, Illinois 60490.

24 The public has until 9:00 a.m. on

1 October 10th to submit signed written comments
2 pertaining to the project.

3 Comments should be sent to the
4 attention of Courtney Avery, Administrator,
5 Illinois Health Facilities and Services Review
6 Board, 525 West Jefferson Street, 2nd floor,
7 Springfield, Illinois, 62761-0001. You may also
8 fax your comments to (217) 785-4111. The State
9 agency report will be made available on the
10 Board's website on October 16th.

11 Additional written responses to
12 errors in the State agency report findings will
13 be accepted until 9:00 a.m. on October 22nd.
14 Comments should also be sent to the attention of
15 Courtney Avery.

16 Does anyone have any questions?

17 [No response.]

18 MS. KENDRICK: Hearing that there are no
19 additional questions or comments, I deem this
20 public hearing adjourned. Thank you for your
21 participation in today's proceedings.

22 (WHEREUPON, the following audio
23 testimonial was played outside the
24 presence of the public and recorded

1 stenographically as follows:)

2 MR. LARSON: My wife is on dialysis and
3 was unable to be here today. She is getting
4 hooked up right now. She made this recording to
5 play for the Village Board.

6 MRS. LARSON: I would like to say to the
7 Mayor, to the Village Board and to any officials
8 from Lemont that may be here, my name is Peggy
9 Larson.

10 I am non-ambulatory due to two
11 strokes that happened in 2010, and I am also a
12 dialysis patient.

13 I am sorry I am not there in person
14 to speak to you, but today, Thursday, happens to
15 be one of my three dialysis days, and 11:00 a.m.
16 is my start time to be in the chair and start my
17 treatment.

18 A new unit into this area would
19 greatly benefit the people of Lemont, Elmer
20 Glen, Elmer Township and possibly even North
21 Lockport. A new unit would be very close to my
22 home, and for someone who doesn't have a lot of
23 endurance to sit in a wheelchair would be
24 wonderful.

1 Also, winter travel is always scary
2 in a handicap-accessible van. I for one know
3 how well Lemont takes care of their roads and
4 streets in the winter.

5 I would like you to know that the
6 physicians who want to open the unit are not
7 only caring and conscientious physicians, they
8 are also people with great integrity.

9 Thank you for allowing me to speak
10 today, and please vote to approve a much needed
11 dialysis unit and make an unpleasant treatment a
12 little brighter, not only for me, but for the
13 citizens of Lemont and the many patients from
14 the surrounding area. Thank you."

15 [End of recorded statement.]

16

17 (WHEREUPON, the public
18 hearing was adjourned at
19 12:30 p.m.)

20

21

22

23

24

1 STATE OF ILLINOIS)

2)

3 COUNTY OF DU PAGE)

4 I, Patricia Ann Armstrong, a

5 Certified Shorthand Reporter of the State of

6 Illinois, do hereby certify that I reported in

7 shorthand the proceedings had at the public

8 meeting aforesaid, and that the foregoing is a

9 true, complete and correct transcript of the

10 proceedings of said meeting as appears from my

11 stenographic notes so taken and transcribed

12 under my personal direction.

13

14

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19 _____
Certified Shorthand Reporter

20 C.S.R. Certificate No. 84-1766

21

22

23

24

<p style="text-align: center;">A</p> <p>ability 25:11</p> <p>able 13:8 14:10 21:10,13 22:6 31:18 33:1</p> <p>above-entitled 1:14</p> <p>absolutely 41:23 42:22</p> <p>acceleration 38:8</p> <p>accepted 45:13</p> <p>access 24:20 28:13 29:5 36:2 41:22</p> <p>accessible 19:18</p> <p>accommodate 21:21</p> <p>account 40:1</p> <p>accounted 37:15</p> <p>Act 1:8 4:23 5:10 6:11</p> <p>acting 4:6</p> <p>addition 28:14</p> <p>additional 26:18,22 44:15 45:11 45:19</p> <p>address 26:21 35:12 36:8</p> <p>adjourned 45:20 47:18</p> <p>adjusting 21:20</p> <p>Administrator 1:20 3:9 4:10 45:4</p> <p>administrators 28:11</p> <p>advent 18:23</p> <p>Adventist 28:18</p> <p>advise 5:24</p> <p>Affairs 4:4</p>	<p>affect 27:6</p> <p>affording 7:17</p> <p>affords 25:20</p> <p>aforsaid 48:8</p> <p>African 27:14</p> <p>African-Ame... 38:3,14 39:9</p> <p>age 27:6 36:12 36:14,21,23 37:2 38:20 39:12,14</p> <p>agency 45:9,12</p> <p>ages 39:3</p> <p>aging 27:21</p> <p>ago 42:16</p> <p>agree 41:23 42:22</p> <p>ahead 19:7</p> <p>Ahmed 15:6</p> <p>Alexis 1:21 3:10 4:3</p> <p>Alliance 5:1</p> <p>allow 6:17 22:10</p> <p>allowed 24:24</p> <p>allowing 47:9</p> <p>Amen 32:19</p> <p>and/or 5:13</p> <p>Ann 48:4</p> <p>answer 31:21</p> <p>anybody 30:9</p> <p>APPEARAN... 3:1</p> <p>appeared 35:21</p> <p>appears 42:9 42:10 48:10</p> <p>application 4:24 6:4 9:12</p> <p>appointment 21:5</p> <p>appointments 20:21</p> <p>appreciate 7:16</p> <p>appreciated 40:22,23,24</p> <p>appropriate</p>	<p>6:22</p> <p>approve 12:19 20:1 32:1 35:3 47:10</p> <p>approved 8:5 24:16 42:16 43:7</p> <p>area 7:24 8:16 8:21 12:17 13:24 17:20 19:15 24:20 26:4,9,9,16 26:20,24 27:2 27:10,12 28:17 30:24 31:1 35:14 46:18 47:14</p> <p>areas 36:16,16</p> <p>Armstrong 3:17 48:4</p> <p>Aside 31:23</p> <p>asked 8:17</p> <p>aspect 25:1</p> <p>assisted 28:15</p> <p>associates 22:13</p> <p>assures 42:5</p> <p>attention 45:4 45:14</p> <p>attentive 19:6</p> <p>attentively 41:3</p> <p>attorney 40:7</p> <p>attracted 25:10</p> <p>audio 45:22</p> <p>August 1:15 5:17</p> <p>authorization 6:16,17</p> <p>available 26:23 31:21 45:9</p> <p>Avenue 1:14 5:18</p> <p>Avery 1:19 3:8 4:10 6:21 45:4,15</p> <p>aware 27:4</p>	<p>awful 17:20 31:1</p> <p>A.D 1:16</p> <p>a.m 1:16 4:1 5:17 44:24 45:13 46:15</p> <hr/> <p style="text-align: center;">B</p> <p>baby 18:24</p> <p>back 25:12 40:17</p> <p>background 7:21 42:8</p> <p>bad 15:15 21:24 29:18</p> <p>bar 38:13</p> <p>based 8:23</p> <p>basically 14:9 15:18</p> <p>becoming 19:1</p> <p>beginning 7:8</p> <p>behalf 9:6 10:24,24 35:11 40:11</p> <p>beings 11:20</p> <p>belabor 35:22</p> <p>believe 10:2 19:1,14</p> <p>benefit 32:9 46:19</p> <p>best 8:11 14:22 40:8</p> <p>better 9:4 34:23 43:23</p> <p>beyond 35:17</p> <p>big 20:21 30:24 31:6 37:1</p> <p>biggest 8:10</p> <p>bill 42:23</p> <p>bit 21:21</p> <p>blessing 22:23 24:5</p> <p>board 1:3,24 3:4,13 4:6,9,9 4:10,16 5:9 5:20,22 26:15</p>	<p>26:18 34:10 35:21 36:11 37:24 39:21 44:19 45:6 46:5,7</p> <p>Board's 6:1,7 35:17 45:10</p> <p>body 25:19 32:17</p> <p>Bolingbrook 8:3 28:18 41:6 42:15 44:22,23</p> <p>boomers 18:24</p> <p>bottom 9:23</p> <p>brighter 47:12</p> <p>bring 23:18 26:1 32:4</p> <p>Bringing 25:14</p> <p>Brook 8:3 41:6</p> <p>build 8:14</p> <p>bulge 38:20 39:14</p> <p>bunch 11:20 22:4</p> <p>Burden 1:24 3:13 4:9</p> <p>bus 17:7,10,11 17:16 18:13</p> <p>buses 23:15</p> <p>business 9:5 42:5,9</p> <p>buy 11:12</p> <p>buying 10:8</p> <hr/> <p style="text-align: center;">C</p> <p>cab 34:5</p> <p>cake 15:10</p> <p>calculation 27:1</p> <p>call 7:5</p> <p>car 14:13 20:20</p> <p>care 1:9 4:13 5:1 6:12 7:14 7:19 8:12,24 9:4 10:16</p>
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11:1,11,24 12:8 13:9 15:10,13,16 15:22 16:8,22 18:21,24 19:2 19:8 20:2 22:14 24:21 29:2,7 31:15 34:14 35:12 40:23 41:18 41:22 42:2,24 43:15,17 47:3 Care's 18:18 caring 47:7 case 14:22 42:7 cattle 11:17,20 41:14 causing 22:4 census 27:3 36:17 38:6,17 center 8:14 10:10,14 12:19 13:2 15:23 19:4,12 19:13 20:9,24 26:2,7 29:12 29:15 30:15 30:16 35:4 centers 7:22,23 8:5 12:12,17 32:2 41:7 43:18 certainly 14:20 32:9 40:23 Certificate 4:24 42:3,11 48:20 Certified 48:5 48:19 certify 48:6 chair 46:16 change 36:16 36:18 37:2,19 37:23 38:21 changes 6:2 27:8,11 35:14	35:24 36:19 40:1 chart 36:20 38:12 check 5:24 43:24 44:3,5 chemistry 25:19 Chicago 26:5,6 38:24 Chicagoland 7:23 26:9 Chloraprep 10:9 choice 9:8,9 14:6 20:10 22:8 43:16 choices 9:24 choose 6:24 chronic 16:15 church 23:11 30:3 Cinco 2:6 12:6 12:6 citizens 47:13 CKD 18:24 clearing 6:13 clearly 7:9 clinic 12:13 21:3 22:12,22 24:19 30:22 close 14:24 17:12 18:11 19:18 21:18 29:8 30:15 32:5,10 33:5 33:14,18 34:3 34:14 46:21 closer 11:3 13:9,12,16 17:15 34:23 closing 28:22 Club 44:22 colleagues 32:22 come 7:14 8:17	17:2 25:5 comes 18:10 23:13 34:4 comfort 29:7 comfortable 23:20 33:19 33:23 coming 10:18 24:12 comments 5:14 45:1,3,8,14 45:19 communities 13:20 17:19 27:9 28:5 community 8:14 27:21 38:22 company 7:21 8:4,10,12 9:1 compared 37:18,20 competition 8:9 complete 48:9 completed 41:8 Compliance 1:22 3:11 4:4 complied 42:6 compounding 38:20 comprising 27:9 CON 6:3 concentrations 36:15 concerns 16:20 conclude 39:19 concluded 7:10 condition 25:15 confidentiality 6:8 conscientious 47:7 consider 12:14	24:22 consideration 5:20 28:23 44:19 considerations 35:16 continue 25:16 39:13 convenience 19:18 36:2 40:22 convenient 19:12 33:7,18 43:14,17 copies 7:11 35:10 Corine 2:5 10:23 Corkery 2:10 18:15,16 corporation 10:4 correct 41:12 48:9 correctly 41:17 42:13 cost 5:5 cost-effectively 8:6 COUNTY 48:3 couple 41:7 course 36:10 36:20 38:10 Court 3:16 Courtney 1:19 3:8 4:10 6:21 45:4,15 covered 6:9,18 covers 35:23 Craig 2:10 18:16 critical 25:15 Cross 9:21 15:4 15:11,24 31:4 33:6,7 crowd 9:14	CSR 3:17,18 current 20:9 currently 7:22 8:8 10:8 cut 16:6 cutting 21:18 C-i-n-c-o 12:7 C-o-r-i-n-e 10:23 C-o-r-k-e-r-y 18:17 C-r-a-i-g 18:16 C.S.R 48:20 <hr/> D <hr/> D 2:1 data 42:17 43:8 date 6:2 daughter 21:8 21:16 33:6,9 33:9 34:19 DaVita 9:22 10:10 11:16 11:21 15:14 33:24 44:3,4 day 1:15 14:9 17:2 18:3,4 18:10 20:22 22:2 30:12 daycare 14:4 days 14:3 19:20 20:19 21:17 29:22,23 46:15 dealing 31:3 decide 10:3 12:13 decisions 9:4,6 25:22 declined 37:6 deem 45:19 defend 40:11 defined 6:10 definitely 17:17 demand 21:6
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demographic 35:24 36:7	direction 48:12	14:19 17:3	36:13,14 37:3	15:12 20:23
demographics 35:14	directly 28:1	drop 14:7	37:23 38:10	21:19 22:4
dentist 17:8	director 24:16	21:10	38:21	far 11:6 13:6,6
depend 30:4,10	directors 44:4	DU 48:3	everybody 4:2	13:14 29:16
35:2	discloses 6:14	due 46:10	43:3	fascinated
deserve 29:3	discussion	<hr/>	exactly 25:24	25:18
41:20	40:20	E	excellent 15:9	fast 12:10,14
desperately	disease 16:16	E 2:1,1,1	exclusively	19:15 43:2
41:19	25:9 32:13	earlier 34:13	36:6 39:22	favorable
determine 9:24	40:14	ease 36:1	exercise 39:21	42:10
dialysis 1:10	diversity 8:23	easier 24:2	exhausting	fax 45:8
4:13 5:3 8:10	doctor 17:9	30:18	20:18	feel 11:2 15:15
9:20 10:1,5	24:23 34:11	Edgardo 2:6	exhibits 35:11	21:4
10:13 12:9,18	doctors 10:10	12:6	exist 25:16	find 17:4
12:20 13:2	10:24 11:13	effect 38:20	expensive	findings 45:12
14:4 15:3,23	12:8 13:5	efforts 18:21	10:10 34:7	fine 29:19
16:17 17:5,11	15:9,9 16:22	eight 31:19	extent 39:9	first 7:9,24
18:17,22	18:19,20 19:5	38:5	extra 14:11	24:22 25:5,11
19:22 20:7,11	19:24 22:10	eight-year-old	<hr/>	35:7 41:5
20:18 22:20	40:11	21:8	F	first-rate 19:24
22:22 23:1,12	doubled 38:16	either 13:21	F 2:1	five 7:5
23:21 24:17	Downers 42:14	34:8 43:9	facilities 1:2,8	five-and-a-half
24:18 26:2	Dr 2:13 4:9	elected 28:17	3:3 4:5,16,22	10:15
28:1,7,9	15:6,7,7,7,8	Eleventh 3:20	5:8,10 6:6,11	floor 3:5 45:6
29:12,13,15	18:18 19:9	Elmer 46:19,20	9:3 11:5,8,11	focus 8:4 21:1
29:21 30:4,13	22:13 24:9,9	endurance	11:23 15:22	36:6
30:14,21	24:15 31:14	46:23	16:19 28:6,15	focused 8:12
31:13,16,19	31:18,23	ensure 6:5	39:15 42:17	9:1 16:2
32:2,11,23	32:22 34:9	entered 7:2	45:5	folks 9:13 36:9
34:15,22 35:4	36:8 41:21	entirety 37:14	facility 5:3	following 4:18
35:15 36:2	drained 23:6	entities 6:10	10:19 12:9	45:22
40:14,18 46:2	29:24	entity 6:18 9:6	13:22 14:1,23	follows 4:20
46:12,15	dramatic 27:13	equal 22:14	16:23 17:15	46:1
47:11	39:4	equally 29:6	17:17 18:1,6	footage 5:4
difference	dramatically	errors 45:12	18:9,22 20:2	foregoing 48:8
19:19 30:14	38:16	ERSD 26:12	22:7,10 24:17	foremost 24:22
31:6 36:21	drive 11:6 17:1	especially	26:11 28:11	forms 6:22
differences	17:8,24 20:16	19:15 20:17	29:4 31:24	forth 40:17
25:12	20:17 23:2,7	ESRD 26:8	32:5,11 33:17	Fortunately
different 36:11	23:11,14	27:5,7,22,24	43:8	33:4
36:12,13,15	29:19,20 30:2	36:12	fact 32:1 40:24	forward 5:12
36:16,19	32:7,8 33:1,2	establish 5:2	failures 15:19	16:7 32:12
differs 27:5	34:16,19,20	establishment	fair 21:22	four 7:23 10:14
difficulty 22:4	34:24 40:16	4:12	falling 32:17	15:21 22:1,1
	41:18 44:23	ethnic 27:6	familiar 37:24	23:1,10 29:13
	driving 13:3	ethno-racial	family 11:14	33:15 40:16

four-hour 23:6	33:2 35:16	growing 12:10	45:5	homes 11:4
free 17:16	37:22 38:12	12:15 19:16	hear 4:11	12:16 17:19
Fresenius 16:1	41:9,12,13	27:15 37:11	heard 14:15	28:4
friends 17:10	goal 8:11	grown 27:18	24:1 34:9	hooked 46:4
18:7 23:10	going 17:3	37:5 38:14,15	hearing 4:6 5:7	hoops 22:5
frustrated 20:9	18:11,12	38:23	5:11,15 6:19	hope 11:22
fulfill 42:2	21:15 30:10	growth 8:23	8:19 9:12	25:14 41:16
full 21:13 39:24	39:13,16	26:8 27:3,20	35:8 44:13	Hopefully 8:19
fully 24:18	Golf 44:22	37:15 38:6	45:18,20	hospital 9:21
fun 14:19	good 4:2 10:22	39:1	47:18	31:4,5 40:18
Funk 2:15,16	15:9,10,13	guarantee	hearings 6:7	hospitals 28:18
31:11,12	18:15 20:5,13	14:17	43:11	40:11
32:16,16,20	20:19 31:6,11	Guided 25:4	heart 9:24	hours 10:13,15
further 34:6	34:13 38:24	Gurfinchel	held 5:7 44:21	17:12 18:13
Furthermore	40:5	19:9	hell 29:23	18:13 22:1
27:17	goods 42:24	Gurfinchel's	help 10:3 13:23	33:15,20
F-u-n-k 31:12	gotten 33:11	18:18	22:7 26:21	house 20:16
32:17	grandfather	Gurfinkal 15:8	30:6,20	23:16 30:17
	40:13,17	guys 7:17,20	helped 34:11	houses 6:13
	granted 25:3	9:12	helps 9:4	housing 39:5
	graph 38:13	G-a-r-y 40:6	HFSRB 7:7	39:12
	grateful 24:6		Hi 15:2	HSA 37:1,5,8
	28:16		high 21:6	38:1,1,4,6,9
	great 18:1 19:4		higher 27:23	HSA-7 36:1
	19:21,23	half 13:12 22:2	37:12 39:17	human 11:20
	31:20 34:11	hand 19:2	highly 39:6	25:15,19
	38:23 47:8	39:11	hill 15:15	husband 22:20
	greater 26:9	handicap-acc...	Hispanic 27:13	23:19
	27:22	47:2	38:3,15 39:2	H-o-l-m-a-n
	greatly 35:4	hands 42:12	39:8	10:23
	46:19	happened	historically 9:9	
	grew 37:13,18	46:11	hit 13:5	
	37:20	happens 33:6	hold 39:10	
	gross 5:3	46:14	holding 35:8	
	group 18:19	happy 23:24	Holman 2:5	I
	19:4,9 36:22	30:17 32:20	10:22,23 12:3	idea 30:7,22
	36:23 37:6,9	hard 23:21	12:4 41:11	identified
	37:12,16,17	hassle 17:6	home 13:10	26:15,18
	37:20 38:17	Heaing 1:7	14:8,24 19:18	Illinois 1:1,15
	39:17	health 1:2,7,8	20:22 21:16	3:3,6,18 4:5
	groupings	3:3 4:5,16,22	23:4,5 28:3	4:15,22 5:5,9
	36:15	5:8,9 6:6,9,10	29:8,21 30:15	5:19 6:6
	groups 27:6	6:12,12,12,14	32:4,8,10	44:23 45:5,7
	36:12,21	6:19 15:22	33:2,18 34:3	48:1,6
	38:11 40:12	25:8 26:15,19	34:14,24	imminent
	Grove 42:14	26:24 27:2,10	46:22	42:19
		27:12 32:24		impact 35:15
				important
				12:14 15:17

24:14 25:1 29:1,6 31:24 32:12 33:13 34:2 41:23 importantly 28:19 34:12 36:10 improve 28:12 include 42:10 including 28:18 inconvenient 21:23 35:1 Incorporated 5:1 increase 27:13 27:24 39:14 increased 8:22 28:1 increasing 15:19 39:7 incredible 24:23 individual 6:16 individuals 6:15 27:15,16 27:19 individual's 6:9,18 information 6:3,9,15,19 35:18 42:8 Insurance 6:10 integrity 47:8 interest 5:13 8:14 interesting 38:19 inventory 26:17 involved 34:10 involvement 31:24 Irene 2:8 15:2 issue 19:1 issues 35:13,13	35:22,24 36:5 39:20 <hr/> J JAMES 1:24 3:13 Jefferson 3:5 45:6 Jim 4:9 Joan 2:16 32:16,16,20 joint 9:1 Joseph 28:19 judgment 35:17 39:21 July 43:7 jumping 22:5 J-o-a-n 32:17 <hr/> K K 2:1 keep 31:18 Kendrick 1:21 3:10 4:2,3 9:16 10:21 12:3,5,22 15:1 16:10 18:14 20:4 22:17 24:8 29:9 31:9 32:15 35:6 40:3 44:7,9 44:13,17 45:18 kidney 15:19 16:16,17 18:17 25:8 32:13 34:13 40:13 kidneys 32:18 kids 40:15 kind 16:4 32:17 kinds 36:4 knocks 29:23 know 8:8 13:19 13:23 16:18	17:6 18:10 21:5,19 22:3 23:2,18 28:11 38:10 43:22 47:2,5 knowing 29:1,7 knows 36:11 Kravets 15:7 <hr/> L ladies 18:15 Lamont 16:13 Larson 2:19 46:2,6,9 latest 26:17 Latino 27:14 Laughter 40:9 learn 25:16 leave 36:5 left 9:5 legal 4:17,18 5:23 Legislative 1:22 3:11 4:4 Lemont 1:10 1:15 4:13 5:2 5:5,18,19 8:15,21 12:9 12:20 13:2 14:23 15:20 16:19,23 17:18 18:7,9 18:22 19:4,13 19:22,23 20:2 22:11,23 24:1 24:17 26:2,4 26:8,13,23 28:3,16 29:4 29:12,13,16 30:15,24 32:2 32:12 34:22 35:4 36:1,24 37:10 38:2,13 38:19,22 39:4 46:8,19 47:3 47:13	Lenox 18:19 letting 10:19 Let's 37:22 level 36:22 life 28:13 29:2 29:3 30:9 lifesaving 24:21 life-saving 29:5 41:22 lightly 25:2 limit 7:4 line 30:3 listened 41:3 listening 9:12 24:6 31:8 Litigation 3:19 little 9:21 21:21 47:12 live 15:20 19:11 29:2 33:5 34:6 lives 24:5 25:1 25:12 living 25:9 28:15 29:23 LLC 5:1,2 load 10:16 locally 26:4 located 5:4,17 44:22 Lockport 19:11 46:21 long 14:13 18:3 20:16,20 25:21 32:8 34:16 41:17 41:18 longer 30:10 long-term 25:23 look 16:7 looked 13:15 looking 13:13 39:22 lot 12:16,18	13:9 17:9,20 21:3 24:4 31:1,2 34:1 34:12 39:6 46:22 Louis 3:21 Louise 2:4 9:18 love 11:13 13:5 lucky 14:16,18 L-o-u-i-s-e 9:19 <hr/> M maintain 6:8 major 37:7 38:8 makeup 37:3,8 38:9 make-up 38:21 making 9:5 25:12 26:22 Manager 1:22 3:11 4:4 Marty 2:9 16:11 matter 1:6,14 43:24 matters 36:7 Mayo 22:12 Mayor 46:7 mean 9:2 30:22 31:1 means 12:17 23:9 medical 10:5 10:11,19 24:16 26:7 medically 10:4 medicine 25:10 26:6 meet 26:12 meeting 5:22 6:2 44:20,21 48:8,10 Mehta 15:7 Member 1:24 3:13 4:9
---	---	---	--	--

<p>mention 40:21 mentioned 41:6 41:22 42:1 Midwest 3:19 migrate 39:17 migration 38:23 mild 14:17 miles 11:4,4 20:15 33:5 41:17 Milligan 2:11 20:5,6 million 38:5 mind 14:12 21:20 24:4 29:7 minutes 7:5 13:4 23:12 29:17 30:17 Missouri 3:21 mix 27:7 modalities 36:3 model 35:19 39:23,24 mom 31:16,21 32:3 moment 36:24 money 10:4 11:17 12:1 16:2 monopolies 16:1 months 8:2 20:7 41:8 morning 4:2 10:22 18:15 20:5 31:11 40:5 mother 31:13 32:13 move 9:16 much-needed 26:1 Mueller 2:18 40:5,6,10</p>	<p>MURONO 1:21 3:10 M-i-l-l-i-g-a-n 20:6 M-u-e-l-l-e-r 40:6</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>N 2:1 Nagaratte 15:7 36:8 41:21 Nagarkatte 2:13 24:9,10 24:11,15 31:14,18 32:22 34:9 Nagarkatte's 31:23 name 2:3 4:3 7:10,18 9:18 10:22 12:6,23 15:2 16:11 18:16 20:5 22:18 24:9,10 29:10 31:11 32:16 35:9 40:5 46:8 Nawrocki 2:9 16:11,11 nearly 37:7 necessarily 43:23 necessary 10:11 need 4:24 8:22 9:24 10:11 11:12,24,24 12:18 15:23 16:2,7 17:2 17:17,21,23 18:8,11,24 19:1,15,17 20:10 21:6 22:5,8 24:20 26:12,15,18 26:22 27:22</p>	<p>28:1 29:2,8 32:5 33:17,19 34:8,13,21 35:15 41:20 42:3,11,19,21 42:22 needed 27:1 35:5 47:10 needs 15:18 19:7 21:1 23:3 33:13 42:3,4 neighbor 32:3 34:18 neighbors 18:8 nephrologist 26:3 Nephrology 25:20 net 37:7 new 12:13,19 16:22 18:6,19 18:21 29:4 31:24 46:18 46:21 nice 30:6 31:5 night 33:10 non-ambulat... 46:10 Norman 2:14 22:20,24 23:2 23:11,24 24:3 29:10 North 3:20 46:20 notably 41:5 note 6:5 44:17 notes 48:11 notice 4:17,19 4:23 5:23 number 35:13 41:2 numbers 7:7 nurse 15:3 16:5 nurses 10:16 16:5,8 33:22</p>	<p>nursing 12:16 17:19 28:4 N-a-g-a-r-k-a... 24:11 N-a-w-r-o-c... 16:12</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>O 2:1 Oak 8:2 41:6 observing 15:21 obtaining 42:10 October 5:22 42:16 44:19 45:1,10,13 offer 28:7 office 5:18 officer 4:6 officials 28:17 46:7 old 14:3 29:24 older 17:21 37:4,16,17 once 9:11 ones 13:12 17:21 35:16 39:20 open 5:11 8:5 11:23 12:8 14:22 16:22 18:21 22:10 47:6 opened 8:1 opening 8:2 18:6 24:1 opportunity 5:12 16:14 19:21,23 24:13 44:11 opposition 41:1 option 14:22 40:24 41:11 options 20:14 36:4 42:4</p>	<p>43:14 oral 6:13 7:1 order 6:5 42:2 origin 39:2 outside 45:23 overall 27:7 ownership 9:3 owns 43:23 O'Connor 2:17 35:7,9</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P 2:1 PAGE 2:3 48:3 Park 8:3 41:7 43:6 part 5:16 15:18 20:21 32:18 38:23 participants 7:6 participation 45:21 particular 38:1 particularly 25:18 35:13 parties 5:12 partners 25:6 path 25:8 patient 8:12 9:20 10:2,7 10:16 15:16 18:18 25:13 36:2 46:12 patients 8:18 8:23 9:7 11:2 12:11,20 13:23 14:23 15:10,12 16:8 17:11 19:7,17 19:22 20:14 23:21 24:19 25:5,5,12,21 26:12 28:8,20 29:1 32:5,7 32:13 33:17</p>
--	--	---	---	--

34:13,16 36:4 40:20 41:11 42:20 43:14 43:19 47:13 Patricia 3:17 48:4 patterns 39:10 pay 33:8 34:3 peace 14:12 24:3 29:6 peak 36:22 Peggy 2:19 46:8 people 9:5 10:18 11:6,7 11:9,10 12:18 13:24 14:15 17:5,7,21 19:22 21:3 24:2,20 30:21 31:2 32:22 33:4,14 35:2 37:12 38:5 39:1,12,16 46:19 47:8 peoples 25:1 percent 27:18 37:11,18,19 37:20,21 period 38:6,17 39:15 periods 25:21 person 22:22 46:13 personal 25:1 48:12 pertaining 45:2 pertinence 38:1 pertinent 36:23 Philip 2:17 35:9 philosophy 25:4 physician 9:1 28:24 31:20 physicians 8:7	8:17 9:3 40:12 47:6,7 pick 14:8 21:10 21:16 picks 33:10 Piri 7:16,18 place 5:15 24:1 39:12 places 17:1 plain 19:3 21:23 Plainfield 23:14 plan 42:5,9 planning 1:8 4:23 5:10 35:19 39:23 39:24 plans 6:12 play 46:5 played 45:23 pleasant 33:15 please 6:5,21 7:4,9,11 12:1 12:19 30:20 32:11 35:3,3 44:3,17 47:10 podium 7:15 pointed 42:13 points 35:22 population 8:24 12:15 26:8 27:3,8 27:17,20 36:14 37:4,15 37:16 38:4,9 38:14,15 39:3 39:8 populations 27:14,15,23 27:24 population's 27:7 Portability 6:11 portion 39:1	position 39:21 39:24 positive 25:23 possible 33:24 possibly 46:20 practice 43:4 practicing 26:3 predistributed 7:6 Preeti 2:13 24:9,15 prepared 6:23 presence 45:24 present 3:15 4:8 5:13 presentation 7:2 president 7:18 41:6 42:13 pretty 13:13 14:17 prevalence 27:5 36:12,21 primarily 26:12 prior 7:8 43:11 Pritzker 26:5 privacy 6:8 privilege 24:23 25:20 privileges 34:1 problem 17:14 33:3 problems 33:1 proceedings 1:13 4:7 45:21 48:7,10 professional 10:5,18 19:2 profit 15:16 project 1:9 4:13 5:14 24:14 26:21 28:12 34:10 44:18 45:2 pronouncing	41:17 proportion 39:8 proposed 4:12 5:5 proposing 26:11 protect 6:7 protected 6:14 6:19 Provena 28:19 provide 7:11 42:4,4 43:16 44:14 provided 35:10 43:11 providers 6:12 provides 9:7 providing 19:9 43:14 public 5:7,11 5:15 6:7 43:11 44:24 45:20,24 47:17 48:7 purpose 4:11 pursuant 5:9 5:16 put 14:4 19:6 putting 14:5 P-r-e-e-t-i 24:10 p.m 47:19	43:1 quite 12:4 36:11,19,23 <hr/> R R 1:19 2:1,17 3:8 35:9 race 21:15 Ramos 2:8 15:2 15:2 rate 27:7 Rauf 22:13 read 4:17,19 ready 41:8 really 13:20 15:8,12 17:13 17:16 19:19 31:20 35:1,1 35:16 37:15 reason 13:1 24:19 25:16 reasons 8:20 25:11 41:2 receipt 4:23 received 22:14 43:20 recognize 26:14 record 4:17,19 7:3 recorded 45:24 47:15 recording 46:4 references 36:10 regarding 4:12 24:14 27:3 registration 6:22 related 6:3 relax 20:23 relevant 5:14 rely 23:10 30:9 remarks 7:8,11 7:15 renal 1:9 4:13
---	--	---	--	--

4:24 5:3 7:14 7:19 8:24 11:1 12:8 15:24 16:22 18:18,21,24 20:2 24:17 31:15 35:12 35:15 42:2,7 42:14,14,15 43:6,13,16,21 43:23 44:5 report 45:9,12 reported 48:6 Reporter 3:16 48:5,19 representatio... 41:24 representativ... 7:13 representing 4:8 represents 27:21 Request 1:7 requirements 4:22 42:3,6 research 16:18 reside 26:13 resident 16:12 29:12 residential 28:6 residents 26:19 26:23 28:13 respectively 27:16 response 44:8 44:12,16 45:17 responses 45:11 result 39:7 results 25:14 25:23 27:22 28:1 retirement 17:19 28:4	review 1:3 3:4 4:5,16 5:9 6:7 43:12 45:5 reviewed 42:9 Richard 2:7 12:23 ride 23:4 rides 11:7 30:8 right 8:4 10:3 11:3,10 15:18 16:2 17:1 19:13 20:13 29:22 31:5 32:2 33:6 34:10 41:12 41:13,21 46:4 risk 27:24 37:12,17 38:18 39:17 roads 47:3 Rodeo 44:22 room 12:11 RPR 3:17 rules 4:15 ruling 42:10 run 10:10 running 43:18 Rush 26:6 rushing 21:17 R-a-m-o-s 15:3 R-i-c-h-a-r-d 12:24 R.N 16:6 <hr/> <p style="text-align: center;">S</p> <hr/> s 2:1,1 16:6 33:22 safe 10:6 11:13 23:8 32:9 Saturday 33:9 saying 13:18 30:21 scared 16:4 scary 47:1 scheduled 5:16 5:21 44:18	schedules 21:20 school 21:9,10 26:5 science 25:18 seat 13:16 seats 13:19 seat-filler 21:2 second 25:17 36:1 see 6:21 19:4 36:20 44:1,3 seen 26:7 27:12 segments 36:13 senior 12:17 seniors 17:20 18:23 sent 45:3,14 serve 26:19 service 26:16 26:20,24 27:2 27:10,12 42:4 services 1:3 3:3 3:19 5:8 6:6 27:22 45:5 sessions 40:18 share 6:18 shift 37:7,16 Shirley 2:12 22:18 30:1 shorthand 48:5 48:7,19 show 20:12 36:15 shuttle 17:7,10 side 38:24 sign 6:21 signed 45:1 significant 27:10,21 Silver 9:21 15:4,11,24 31:4 33:5,7 Similarly 37:10 simple 13:1 19:3	simply 42:1 43:19 single 40:20 sit 21:24 33:14 46:23 site 6:1 sites 43:12 sitting 42:11 six 15:4,8 20:7 33:5 40:15 skills 40:7 skip 14:21 slot 21:14 snow 14:19 sold 15:14 42:23 son 14:2,11 soon 16:16 sorry 9:17 46:13 sorts 39:20 40:1 South 5:4 southwest 38:24 space 5:4 34:21 speak 16:14 24:13 41:1 46:14 47:9 speaker 41:5 Speaking 28:14 specifically 35:12 spell 7:9 spelled 12:24 16:12 spend 14:11 spending 19:19 33:20 spent 28:10 spite 25:9 spoke 44:2 sponges 10:9 spread 11:9 Springfield 3:6 45:7	square 5:3 St 3:21 28:19 staff 5:8 16:5,7 stage 5:2 stands 21:12 start 4:1 18:11 46:16,16 started 7:21 21:9 state 1:1 5:4,20 5:22 7:9 44:19 45:8,12 48:1,5 statement 47:15 statements 41:3 stations 26:19 26:22 27:1 28:2 statistics 27:3 stenographic 48:11 stenographic... 46:1 Steven 7:18 stop 39:5 Streamwood 7:24 42:15 Street 3:5,20 5:5 45:6 streets 47:4 stress 24:4 stressed 43:13 stressful 23:17 23:23 30:7 strokes 46:11 submit 6:24 45:1 submitting 6:13 substantial 39:5,13 suffered 40:13 suffering 25:8 suggest 39:20
---	--	---	---	--

<p>suitable 10:6 summer 8:1 Supervisor 28:17 supplies 10:5 10:12 support 12:7 16:21 18:6,20 19:22,23 24:18 28:12 28:14,16 31:14 32:21 supported 27:2 supporting 35:11 supports 21:19 sure 43:3 44:3 surely 22:23 surged 38:4 surprised 10:17 surrounding 13:20 47:14 susceptible 38:11 suspects 28:20 S-h-i-r-l-e-y 22:19</p> <hr/> <p style="text-align: center;">T</p> <p>take 5:15 10:16 15:10,13 16:8 17:11 20:21 24:2,4 25:2,2 33:8 34:4 39:24 43:12 taken 25:24 33:10 41:18 48:11 takes 18:3 32:3 33:9 47:3 talk 10:20 talked 42:20 talking 28:10 tangible 25:14 Tanguay 2:12</p>	<p>2:14 22:18,18 29:10,10 Tegaderms 10:8 tell 9:23 13:16 20:10 22:22 28:3 32:4 tentative 6:2 tentatively 5:21 44:18 terms 37:2,2 testified 44:14 testify 44:10 testimonial 45:23 testimony 4:12 6:14,24 7:5 7:12 35:10,23 36:6 43:10 44:15 text 6:24 7:1 thank 7:16 9:11,15,16 10:19 12:2,3 12:20 14:24 16:9,10,13 18:13 20:2 22:16,17 24:6 24:8,12,12 28:22 29:9 31:7 32:14 35:7,20 40:1 40:3 44:6,7 45:20 47:9,14 thing 11:16 20:19 33:15 things 11:12,24 think 10:17 11:10,18 12:1 18:2 22:9 23:18 34:21 thinking 30:18 third 36:3 thoughts 9:13 thousand 39:16 three 8:1,2</p>	<p>10:13 14:2 18:1 19:20 28:9 30:5 33:14 35:23 46:15 Thursday 5:17 46:14 tied 17:10,12 ties 18:2 time 4:1 7:17 11:8 13:15 14:7,11 18:3 20:3,20 21:11 21:14 22:16 25:13,22 28:10,23 33:10,11 39:15 43:12 43:13 44:6 46:16 times 18:2 21:5 22:1,13 28:9 30:5 35:21 38:5 tired 14:13 32:6 34:20 tiring 34:15 today 4:11 8:20 13:1 16:14 20:3,8 22:19 25:22 29:11 30:2,12 32:14 32:21 42:1 46:3,14 47:10 today's 4:7 7:2 45:21 total 38:6 town 12:10 18:12 20:11 20:12 22:9 28:8 Township 5:18 28:17 46:20 traffic 13:5 trained 26:4 trains 23:15</p>	<p>transactional 40:10 transcribed 48:11 transcript 1:13 48:9 transport 28:8 transportation 17:23 travel 29:16 47:1 treat 11:14 treated 11:19 11:19 21:2 41:14 treatment 9:8 12:12 13:4 14:8,21,24 17:5,13 18:4 18:11 19:20 20:9 21:17 29:5 32:4,6 33:21 34:17 34:20 36:4 40:14 41:19 43:20,22 46:17 47:11 treatments 20:17 23:6 29:17 treats 11:21 true 48:9 truly 19:14 truthfully 19:8 try 21:7 trying 13:11 16:6 42:24 43:1 turnover 39:5 39:7,12 twice 33:8 two 7:11 9:21 25:10 31:17 35:10 36:5 38:10 46:10 type 40:19 42:5</p>	<p>T-a-n-g-u-a 22:19 T-a-n-g-u-a-y 29:11 T.V 33:22</p> <hr/> <p style="text-align: center;">U</p> <p>Ultimately 9:7 unable 46:3 undergone 27:10 understand 10:11 understands 43:4 unfortunately 15:13 33:24 uniform 36:17 unit 13:12 46:18,21 47:6 47:11 University 26:6 26:7 unpleasant 47:11 upstairs 33:7 urge 16:23 20:1 use 13:24 17:8 USRC 5:1,1 9:7 24:18 26:1 U.S 1:9 4:13,24 7:14,19 8:24 11:1 12:8 15:24 16:22 18:18,21 20:1 24:17 31:15 35:12 42:2,7 42:14,14,15 43:6,13,16,20 43:23 44:5</p> <hr/> <p style="text-align: center;">V</p> <p>valid 6:15 value 36:3 van 47:2 various 27:5</p>
--	--	---	--	---

<p>36:3 venture 9:1 verbal 5:13 Vicki 2:15 31:11,12 view 25:5 Villa 8:3 41:7 43:6 Village 37:11 46:5,7 VOICE 32:19 volunteers 23:11 30:3 vote 47:10</p> <hr/> <p style="text-align: center;">W</p> <p>wait 42:20 waiting 18:12 Waliczek 2:7 12:23,24 41:16 Wallin 2:4 9:18 9:18 want 9:11 10:3 11:3 13:2 14:20 20:10 20:19 21:1 22:7,7 23:19 28:22 29:11 30:8 32:21 41:10,13 42:23 43:3 47:6 wanted 22:21 Warner 1:14 5:18 waste 22:2 way 11:18,21 13:4 17:4 21:4,12 23:7 23:12,13 29:17,19,20 29:20 32:8 34:16 40:17 41:18 web 6:1</p>	<p>website 45:10 week 18:2 19:20 21:9 22:1 23:14 28:9 30:2,5,8 33:8,20 welcome 9:13 12:4 went 15:14 West 3:5 45:6 what-have-you 17:9 wheelchair 46:23 wife 12:7 14:3 19:11 21:15 30:1,14,20 46:2 winter 14:17 47:1,4 wishes 44:10 44:14 woman 23:13 wonderful 33:23 46:24 work 8:6 21:7 21:16 22:8 23:3 33:6 40:10,11 worked 33:11 working 15:4,6 25:21 26:1 works 14:3 21:14 33:12 worry 23:20 30:7 worse 13:5 wouldn't 29:18 written 5:13 6:13,16 7:1 35:10,23 36:6 45:1,11 www.hfsrb.il... 6:1 W-a-l-i-c-z-e-k 12:24</p>	<p>W-a-l-l-i-n 9:19</p> <hr/> <p style="text-align: center;">X</p> <p>X 2:1</p> <hr/> <p style="text-align: center;">Y</p> <p>year 7:22 13:11 14:16,18 42:16,20 years 9:21 14:2 15:5,8,21 23:2,10 27:11 29:14,24 31:17,19 34:12 yield 25:23 yielded 35:18</p> <hr/> <p style="text-align: center;">\$</p> <p>\$2,368,350 5:6</p> <hr/> <p style="text-align: center;">0</p> <p>084-001766 3:18</p> <hr/> <p style="text-align: center;">1</p> <p>1 9:17 10 2:5 24:8 10th 45:1 100 7:22 1096 5:4 11 29:9 11:00 1:16 4:1 5:17 46:15 1115 1:14 5:18 1130.910 5:16 12 2:6,7 31:9 33:20 12th 42:16 12-058 1:9 4:14 41:2 12:30 47:19 13 26:22 31:10 13-station 5:2 14 32:15 15 2:8 20:15</p>	<p>35:6 16 2:9 40:4 16th 45:10 17 44:7 173,000 37:6 18 2:10 187,000 27:15 1996 6:11</p> <hr/> <p style="text-align: center;">2</p> <p>2 9:17 10:21 2nd 3:5 45:6 2,500 37:13 2,900 37:11 20 2:11 200,000 37:5 2000 7:22 27:11 2001 44:22 2010 27:11 46:11 2012 1:16 5:17 5:22 217 45:8 217-782-3516 3:7 22 2:12 37:11 37:18,20 22nd 45:13 23 5:17 40:12 23rd 1:15 24 2:13 24th 43:7 28,000 27:19 29 2:14</p> <hr/> <p style="text-align: center;">3</p> <p>3 12:5 30 5:22 23:11 29:17 30th 44:20 31 2:15 31,000 38:7 314 3:22 32 2:16 35 2:17 13:4</p>	<p>41:17 380,000 37:7</p> <hr/> <p style="text-align: center;">4</p> <p>4 12:22 40 2:18 45 37:4,6,8,8,12 37:17 39:18 46 2:19</p> <hr/> <p style="text-align: center;">5</p> <p>5 15:1 51 37:18 525 3:5 45:6</p> <hr/> <p style="text-align: center;">6</p> <p>6 16:10 38:12 60490 44:23 62702 3:6 62761-0001 45:7 63101 3:21 644-2191 3:22 65 26:18 27:17 36:23 37:19 6500 5:3 69.7 37:20</p> <hr/> <p style="text-align: center;">7</p> <p>7 18:14 27:18 37:1,5,8 38:1 38:4,6,9 70,000 27:16 711 3:20 74 36:23 37:20 785-4111 45:8</p> <hr/> <p style="text-align: center;">8</p> <p>8 20:4 80 29:24 84-1766 48:20</p> <hr/> <p style="text-align: center;">9</p> <p>9 2:4 22:17 9:00 44:24 45:13</p>
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