

9/01/20 Public Hearing on proposed CCH FY21 Preliminary Budget

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Division of Pediatric Critical Care Medicine Statement (9/1/20 09000 CDT)

Simply put, the Pediatric Intensive Care Unit cares for the sickest of children and adolescents. Our patients are acutely ill and many have life threatening injuries or burns. We care for them because many are not welcomed elsewhere and have nowhere else to go; they are the poor, the suffering, the excluded, the discarded, the sick and the dying. We welcome these families and their children, not because of their race, gender or creed, but because they are our sisters and brothers. We care for them willingly and without regret. Certainly, many can be treated elsewhere, but not with the same passion and skill we possess or the mission that guides us. Pediatric critical care physicians serve as the last bastion of civilization for many of these children. We are humbled to care for such wonderful children and provide support to their families. Our excellent outcomes speak for themselves. Allow us to continue our work with all the pediatric resources needed and further contribute to the health of all children and adolescents who come to us. Even if we help just a single child, always remember this: "He who saves a life, saves the world." Wouldn't you want to say you were a part of that?

Submitted by Dr. Paul Severin



August 30, 2020

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

I am Bob Shea, Executive Director and Co-Founder of Devises 4 the Disabled, a non-for-profit organization whose mission is to ensure that the people with disabilities have access to the medical equipment they need and the mobility they deserve.

Our organization refurbishes used devices and provides them to those in need for free. **We provide people with the tools to take their lives back.** We have countless stories of helping those who do not have the resources to purchase devises, including many patients at Cook County Health.

In my role as Executive Director and through the help of our Director Araceli Lucio of the Resurrection Project, I was able to meet with the outreach staff and also the CareLink Director of Cook County Health to ensure that there is a pathway for patients in need to receive the items necessary for their health improvement. This partnership has yielded many fruits and I have been able to see first-hand how working together really helps those in need.

Most recently, we were able to help an 82 year old recovering from COVID-19 with the devices necessary for his care. Manuel was referred to us by Stroger Hospital as the primary caretaker of his elderly parent. Stroger Hospital provides medical care to over 50% of the charity cases in Cook County. His 82-year-old father is recovering from COVID-19 and will be discharged soon. Manuel will be able to care for dad with the hospital bed and wheelchair provided by D4D.

I thank you for all that Cook County Health does to help those in need. I encourage you to keep up the good work and encourage other institutions to do more to take care of those without health insurance in their communities. Our partnership will keep evolving and I foresee many great stories arising out of the help that we provide.

Many thanks for all the things that Cook County Health does to better everyone's health.

1333 W Devon Ave, Suite 260, Chicago, IL 60660

SUPPORTD4D.ORG

773.870.1553

Thank you for your consideration,

Bob Shea
Executive Director & Co-Founder
Devices 4 the Disabled
1333 W Devon Ave, Suite 260
Chicago, IL 60660

Doctors Council SEIU statement in opposition to Cook County Health's FY2021 budget proposal

Doctors Council SEIU represents the attending physicians, dentists, and psychologists of Cook County Health. As such, we are always concerned about timely access to quality healthcare services, especially for underserved communities of color. This is especially so now during the COVID-19 pandemic, which has disproportionately affected these communities and caused them to suffer the most.

We cannot support Cook County Health's FY2021 budget proposal because it includes facility closures, cuts to healthcare services, and layoffs. We strongly oppose CCH's plans to eliminate the Pediatric Inpatient Unit; privatize the Chicago Children's Advocacy Center and Morton East Adolescent Health Center; downgrade the Provident Emergency Department to an urgent care center; and close both the Near South and Woodlawn Clinics. To make these cuts in healthcare access in the midst of a brutal pandemic is especially wrong and harmful to these communities.

We strongly strongly oppose any plans to layoff County healthcare workers and believe that Cook County should work towards alternatives that would not cost workers their jobs. The County budget problems need to be solved but not on the backs of those who work for the CCH, who have given and continue to give so much to deal with the COVID-19 pandemic. Layoffs will clearly make our economic crisis worse by adding to an already record number of job losses.

We also strongly oppose these actions for patient care reasons. Closing facilities and eliminating services will make it harder for the residents of Cook County to access healthcare. Compounding the problem, first, is the reduction of services happening on the South Side of Chicago with the impending closures of Mercy Hospital and reduction in services at Holy Cross and Jackson Park hospitals. Second, is our current economic crisis, which has caused rates of unemployment not seen since the Great Depression and led directly to 175,000 Illinoisans losing their health insurance.

We appreciate that the County has publicly decried and have made calls to address racial inequities in healthcare, in particular, and systemic racism, in general. But the cuts proposed by CCH contradict these positions. They will make racial inequities in healthcare worse, propping up systemic racism.

We think there's a better way. We believe it's possible for CCH to make improvements to its services that would benefit our communities while lessening racial inequities in healthcare and stemming the tide of unemployment. We hope Cook County officials work to find a better way and oppose any closures, cuts to services, and layoffs.

The budget problems of Cook County should not be solved on the backs of our patients, communities, and healthcare workers.

Dana Quartana
Regional Coordinator
Doctors Council SEIU

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

I am Milton Walker age 62 and former Pace/CDT employee. I'm currently a resident of Englewood and a patient at Provident Hospital. I lost medical coverage during the termination of my job while dealing with a number of health conditions. I actually almost lost my toe due to lack of medical care and coverage. Dr. Burke has provided me with great podiatry care and made sure that I didn't become an amputee. I'm grateful that I was able to receive treatment and become a patient at Provident Hospital. I have received nothing but great service at Provident Hospital from the cafeteria staff, 4 Men Only Health Fair, and the nursing staff. I feel that Provident Hospital is such an asset to the community and the services there should be sustained at all cost. Please don't cut any of the services at Provident Hospital as it is a staple and asset to the African American community. Thank you.

Sincerely,

Milton Walker

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I'm Dr. Salman Khan, pediatrician in the ACHN and member of Doctors Council.

Although I work primarily in outpatient pediatrics at ACHN North Riverside clinic (fka Cicero Clinic), I have referred numerous patients who were too sick to be managed in the outpatient setting to Stroger Hospital. Most of those patients required an extended stay on the pediatric ward and received the benefit of having multiple pediatric subspecialists provide consultation to help diagnose and treat those patients.

Stroger Hospital inpatient pediatrics is our safety net for those patients who are too sick to be sent home. I realize that across the board, pediatric inpatient numbers have declined significantly due to good outpatient care and effective vaccination but there are still those very sick patients who live in this area that need the expertise and care the Stroger pediatrics provides, not to mention the training inpatient pediatric provides to residents. Most of what I know and practice I learned while on the wards.

With other nearby hospitals already having closed their inpatient services, suspending Stroger inpatient pediatrics would have a devastating impact on our community. I realize the County is in a financial crisis, but can't there be other means by which the budget can be balanced? You can't put a price tag on saving the lives of children.

Sincerely,

Salman Khan, MD, FAAP
North Riverside Health Center of Cook County
Pediatrician

Jorge R Rivera



8/28/2020

Board of Directors
Cook County Health
1969 Ogden Ave, Chicago, IL 60612

RE: Testimony in reference to the 2021 Fiscal Year Budget

Dear Cook County Health Board of Directors,

As a patient of Cook County Health, I am very grateful to your institution for the medical care received at Stroger Hospital. You provide a great service to the community, especially to those of us for whom it nearly impossible to obtain medical insurance.

My history is the history of many people. On May 31, 2020, when the protests and vandalism too place, I was an innocent victim of the violence as I was hurt by a stray bullet. That event changed my life as I went on from being a strong man to one with health issues. I was taken to Advocate Christ Hospital in Oak Lawn, by my 16 year old son as it were it not for him, I would not be testifying in this letter. At that hospital they took care of me, for which I'm grateful, however, I could not stay with them through the physical therapy process as I do not have health insurance and my undocumented status.

I want to thank the health promoters at Enlace Chicago as they have provided support throughout this process and for putting me in touch with Patricia Hernandez who helped me obtain the benefits of the CareLink program to continue the physical therapy to recover my life. Thanks to both Ms. Hernandez and Enlace, I was also able to get legal aid services through the association between Cook County health and Legal Aid Chicago as they are providing legal advice on a "U" Visa application. Cook County Health and CareLink have been of great benefit as now I have doctors whom I can trust when I become sick. Thank God that my children have Medicaid and are safe.

I know that these times are difficult, but that does not mean that one has to cut all programs, especially those that help people be better and become productive members of society. I exhort you to keep expanding programs like CareLink and that you keep battling for us to ensure that other institutions make conscience to take care of those without means.

Sincerely,

Jose R Rivera

The Division of Adolescent Medicine has been part of the Cook County Health system for over 30 years. During this time we have dedicated our time to serving the adolescence and young adults of Chicago and the surrounding metropolitan area. Our mission has been to provide high quality care with compassion and empathy, which we have successfully accomplished. Our adolescents often are coming from areas of poverty, requiring more than just medical care. We have been able to provide them with the resources they need because of the support of the greater Cook County Health System.

We understand that the health system is now faced with a fiscal challenge and will need to make tough decisions. We urge you to continue to support our services, as they are essential to adolescents and young adults of Cook County. In an effort to align ourselves with the fiscal goals of CCHS, we ensure that all of our patients have active insurance. If they are in need of insurance we take them to the financial counselor that is embedded in our clinic. We support other services within the institution by actively referring to surgical specialties, medical sub-specialties, laboratory services and radiology etc.

Our division has a long history of supporting important initiatives through grants, such as HIV services for youth. We have been the only institution in the Chicago area to continually receive NIH support for HIV research in teens and young adults. We have partnered with other services to screen and treat for STIs in the community, again supported by grant funding. We have stood out as leaders in HIV research and care for youth, nationally and locally, because of the support of CCHS.

What's more important is we are taking care of adolescents and young adults that would not receive the quality of care that they deserve. They know they have a safe place to attain their health needs at Cook County Health. We know how important our services are for the community. This is often highlighted by former patients' parents/caregivers who bring their children to see us, because they trust the high quality of care they will receive. They may have other choices to attain care but they trust us to take care of the most precious people in their lives, and that is truly an honor.

We urge the board to consider the negative impact of decreasing funding to us, especially during this time when youth are suffering from gun violence, discrimination due to their race, increased rates of depression, and uncertainty due to the pandemic. We are an essential service. We are committed to the Cook County Health System's goals for revenue generation and its mission to serve the peoples of the County of Cook, with dignity and respect. We know that with CCHS continued support we will continue to be leaders in care for our youth.

Sadhana Dharmapuri, MD

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

08/28/20

Dear Cook County Health Board of Directors,

The Robbins, Blue Island, and Ford Heights Health Centers provide essential primary, preventative, and wellness healthcare services to some of South Suburban Cook County's most vulnerable and underserved populations who are faced with significant health disparities and inequities.

The Blue Island Health Center serves a large number of under-insured African-American and Latino families who recently lost their only community hospital, Metro South. I am a 3rd generation Latina Blue Islander. The Blue Island community is in great need of the services the newly opened center provides. Specifically, the community is riddled by substance abuse disorders, type 2 diabetes, gestational diabetes, heart disease, liver disease, and kidney disease. The community is also a cancer hotspot due to environmental contaminants. CCH has cleared defined preventative care, wellness, and behavioral health as its priorities, and this is exactly what the Blue Island community needs to decrease high rates of chronic disease and substance abuse, and prevent overburdening of local hospital systems.

The Robbins and Ford Heights Health Center also serve large numbers of under-insured African-American and Latino families who are riddled by substance abuse disorders, type 2 diabetes, gestational diabetes, heart disease, liver disease, and kidney disease. Those communities are also cancer hotspots due to environmental contaminants. CCH's priorities are exactly what those communities need to decrease high rates of chronic disease and substance abuse, and prevent overburdening of local hospital systems. For many families in the far south suburbs, the Ford Heights Health Center is the only access point for low cost dental care.

During the Covid-19 Crisis, the Robbins, Ford Heights and Blue Island Health Centers have served as an anchor in the community and patients trust that these are safe places to get the help they need either in person or via telehealth appointments.

As Food Access and Street Outreach Coordinator for Respond Now, I urge you to continue funding and expand programming in the South Suburban Health Centers. These health centers have been a vital lifeline to residents of the Southland who already experience a disparity in

health resources. In addition, the expansion of mental health and behavioral health programs, especially in this time of crisis, needs to be a consideration.

Many thanks for all the things that CCH does to better everyone's health and quality of life.

Thank you for your consideration,

 , MPH
8/28/20

Emily T. Inman, MPH
Food Access & Street Outreach Coordinator

I am writing to you from the perspective of a Child Abuse Pediatrician. In this role I evaluate and follow pediatric patients in both the inpatient and outpatient setting with the opportunity to work alongside our Trauma and Emergency Department colleagues as well as with our pediatric inpatient and outpatient providers. I am also writing from a standpoint of privilege, as I was privileged to grow up without fear of being shot on my way to school. I was privileged to have seen a pediatrician when I was sick- someone with extensive knowledge of my developmental, medical, and psychological needs.

I am speaking today to urge the committee to reconsider the proposed suspension of the inpatient pediatric department. While I understand there are plans to continue to see trauma patients in the PICU setting, I ask us to consider the numerous patients that do not meet trauma criteria, and the trauma patients who do not meet criteria for TICU or PICU, but would benefit from inpatient pediatric care.

In a time when several systems are normalizing violence directed at our youth, and specifically our black youth in Chicago, I think it is imperative that our health system not contribute to that narrative by treating these children and teenagers as adults. These are children. I want to state that again for the teenagers who are 16 years old and above and treated as adults: These are children. Children that are incurring severe and traumatic injuries, often as a result of violence. While this may be a common occurrence, it is not normal, and we should not treat it as such. These children and families deserve a pediatric focused biopsychosocial assessment and the highest level of care that can be offered which includes collaboration from our excellent trauma surgeons as well as our exceptional and multidisciplinary pediatric staff. Pediatricians and pediatric specialists assess and treat not just the presenting injury but the patient as a whole, with extensive training that enables us to be advocates for this special population of patients.

As pediatricians at Cook County Health, we know this community, we are part of this community. We rely on our patients and families for our livelihood and sense of purpose, but they rely on us for our expertise, our commitment to bettering their health, and our depth of service which extends to inpatient, outpatient, and specialty care.

In this time of great uncertainty and unrest, we must not turn our back on the community we care for. A community that is already deprived of necessary resources. We must say to them: You matter, your CHILDREN matter, and we will give you our best to ensure the health and security of your family.

When I was a young medical student at the University of Illinois, prior to my understanding that I would pursue pediatrics, a pediatric surgeon came and spoke to our school and stated very clearly, “kids are not little adults”, emphasizing that even their most basic health needs are vastly different from their older counterparts. I would not presume to care for inpatient adults at the same level as my internal medicine colleagues, I ask that you not presume that physicians with training in adult medicine can provide the same level of care for these most precious of patients.

With great respect,

Dr. Annie Torres

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

My name is Catherine Houston and not only am I a patient of Stroger Hospital, my daughter was born there and my special needs son is a patient as well. My oldest son was a patient as well up until his passing six years ago. He died from complications of cerebral palsy and I can honestly say that if it was not for Stroger aka Cook County Hospital with doctors in the past like Dr. Lillian and current doctor Peter Clarke my son would have lost his battle much earlier. The care and treatment he received actually prolonged his life. The care that I, my husband and kids receive is priceless.

I live on the far south side of Chicago and I choose to come to the general medicine clinic at Stroger. I worked for over 30 years in a factory with health insurance. I chose to use my insurance at Stroger. There are numerous health facilities that are closer to my home but Stroger is where my family and I choose to go. Now that I am retired without health insurance other than Medicare I still choose Stroger. I do not put a price, distance or anything over the care and treatment Stroger has and continues to provide. Dr. Peter Clarke is more than a doctor, he is a top-notch physician that cares about his patients and the services he provides. Stroger is family and the staple of the community. What Stroger offers to patients, is not just medical assistance, but genuine care and top-notch service.

I know that in these difficult times, programs may need to be realigned and that you will have to make difficult decisions. I trust that you will look at data and make appropriate decisions to ensure that the residents of Cook County will have appropriate access to healthcare resources either through Cook County Health or the CountyCare network. In these unprecedented times, do not take away or cut the services the hospital and clinics provide. The one thing that we can be certain of is life and death and Stroger Hospital has given life, sustained life and gave peace and comfort for some many that have died.

Many thanks for being there for us in the community.

Sincerely,

Catherine Houston

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Testimony for tomorrow's public hearing

Marti Smith <msmith@nationalnursesunited.org>

Mon 8/31/2020 3:49 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Chairman Reiter, Members of the Committee, Thank you for the opportunity to provide comment.

My name is Marti Smith, and I am a registered nurse and also the Midwest Director for National Nurses Organizing Committee. I represent the nurses working here for Cook County Health, and by extension and by my professional duty, we represent the patients cared for by Cook County Health.

We are currently in a global pandemic, the likes of which we have not seen in a century. Over the past decades, Cook County Health, along with virtually every other governmental body in the US has systematically defunded the public health infrastructure put in place following the influenza pandemic of 1918, leaving us once again without the necessary capacity to adequately fight the novel SARS-CoV2 virus. Because of this, Cook County found itself unable to effectively do contact tracing and mass testing that would have contained this virus, and we had to shut down the County, which led to mass job loss and loss of life, as well as disability among our residents.

The Health System was overwhelmed with cases in the jail (1 in 6 cases in Illinois can be traced to this massive outbreak), which it failed to address timely, and Stroger Hospital was also overwhelmed with COVID. Many dozens of workers were infected. Communities of color were disproportionately impacted, with significantly higher infection and death rates. The collapse of the economy has led to higher rates of suicide and drug overdose, and many more uninsured Cook County residents. Now, Covid is coming back our way for a second pass.

And now we have a Cook County Health budget that would balance the budget on the suffering and pain of the black and brown communities who have been so terribly impacted by infection, disability, death, unemployment, hunger, and despair. For some reason, the President's Office has seen fit to REDUCE services and CUT jobs during a time when these services serve as a lifeline to those who are more dependent upon them than ever.

How can you possibly vote for this travesty of a budget?

I've heard the loyal double talk from the administration. We are being "fiscally responsible" and "reimagining". People will die because of this. The Provident ER sees 27,000 patients per year and those people rely on emergency treatment. The intensive care unit at Provident has been closed since late March and remains closed. And while we applaud the work done in the Sengstacke clinic, adding clinic services to Provident doesn't alleviate the need for inpatient hospital services on the South East side.

I've heard administration cite "fiscal responsibility" as a rationale for these cuts in vital health services during a global pandemic and a national economic crisis. For three years now, we have been telling hospital administration that our Case Management department, which handles claims administration with our County Care and other payor sources are wildly under-resourced and understaffed. We have provided data from Northwestern Memorial and from the University of Chicago as models of how to address these issues and how to implement models that will reduce denials and increase reimbursements. Doug Elwell promised our Case Managers to address our issues – and then abruptly left. So did Mary Sadjak. And here we are, with a

sorely understaffed and under-resourced department of Case Managers given workloads more than double those of much more profitable institutions and asked to perform miracles.

Is it fiscal responsibility to fail to address claims management and then cut services when you have too many denials?

Is it morally responsible to cut inpatient services during a global pandemic in a time of national economic crisis?

It's time to choose your side, Directors. The people or the budget. Which side are you on?

Marti Smith, RN

National Nurses United | Midwest Director

msmith@nationalnursesunited.org | 312.607.8619 | CST

(pronouns: she/her/hers)



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Statement for the Finance Committee CCH Board:

I'm Dr. Marjorie Fujara, CCH Child Abuse Pediatrician and member of Doctors Council. I am writing to express my strong opposition to the reduction in pediatric services found in the Cook County Health's proposed FY2021 budget. I would like to specifically address the CCH's plans to identify an "alternative model or sponsor" for the medical clinic at the Chicago Children's Advocacy Center (CCAC).

The medical clinic housed at the CCAC is a critical part of a collaborative team that responds to victims of child sexual abuse . As Child Abuse Pediatricians, we consult with our partners in DCFS, CPD, the Cook County State's Attorney's Office and Family Advocacy with each and every patient we see before the patient is ever discharged from the clinic.

The comprehensive evaluation performed in the medical clinic is often the child's first step in healing. Our patients and their families benefit from a range of high quality services, that cost the CCH nothing because they are provided by the CCAC non-profit. The CCAC generously provides our clinic office space, free transportation, advocacy services by experienced, masters-level social workers in dealing with the dynamics of sexual abuse, interpreter services for patient visits that often last more than an hour, Child Life services for every patient and even some quality time with the CCAC's therapy dog, Mac.

Many of the families we see are in need of a medical home, subspecialty care for chronic health conditions and most urgently, a referral to a child psychiatrist & psychologist. While the waiting lists to see a child psychiatrist at our two closest children's hospitals are months long, we are able to get them into our clinic at Stroger within a week or two. Many of the families seen at the CCAC live on the West Side, making Stroger especially convenient for them. The challenges faced by our families are overwhelming. By keeping the location of important services close

and waiting times to see providers short, the CCAC make this life altering crisis more manageable.

It's important to note that we could change the CCAC clinic from an "expenditure driver" to an additional revenue source by beginning to bill the insurance carriers for our patient visits. When the CCAC opened its doors in 2001, billing a survivor of sexual assault was prohibited under Illinois law, as it is now. At some point, CCH decided that in order to avoid billing uninsured patients, they would not bill to any of our patients, regardless of their insurance status. The landscape change in 2006, when the ALL KIDS Health Insurance program was enacted, which made it possible for all pediatric patients in Illinois to be covered by health insurance. A simple change in billing practices could transform the position of the CCAC clinic in the budget.

By keeping the CCAC medical clinic as part of the ACHN, CCH could continue to fulfill its mission to serve Cook County's most vulnerable patients in a trauma-informed, state-of-the-art, healing environment. I would respectfully ask that the members of the Finance Committee oppose any proposed changes to the CCAC medical clinic.

Statement from the Pediatric Trauma Team in SUPPORT of maintaining and strengthening PEDIATRIC INPATIENT SERVICE/UNIT and AGAINST “suspension” or closing it.

We are members of the Pediatric Trauma Team (a team made up of surgeons, anesthesiologists, pediatric intensivists, pediatric nurses, clinical pharmacist, nutritionist, physical and occupation therapists, social workers, and other ancillary services)

We do what we do - and we do it best for our patients in pediatric intensive care unit which is joined to/integrated with pediatric inpatient unit. Separating or “suspending” a part of this does not work. The care of pediatric trauma or burn patient is a continuum from critically ill to improvement and to recovery, and their needs are very similar to the children that have serious illnesses that’s not trauma or burn. Suspending or closing pediatric inpatient as a “cost saving” measure makes no sense and it degrades the quality and level of care for all of them (peds trauma, burn and other pediatric critical or serious illnesses). The way to go is to strengthen these services and get paid for it. All pediatric care is paid for by one insurance program or another. The care of these vulnerable children who are victims of violence occurs in a social context that is the same as those who are victims of other illnesses like asthma, infections, child physical abuse and neglect, suicide, substance abuse, etc

We just read of the unprecedented (high) death rate of Black and Brown people of Cook County from Suicide, Homicide, violence, COVID-19 and other diseases brought on or aggravated by health care disparities. These ailments and public health issues start in

childhood and adolescence. Suspending/cutting our services is equivalent to us running away from caring for these patients in our hospital. We care for the children caught in the crossfire of gang warfare in Chicago. Many of these children are featured in the media, like the child shot outside, while playing with friends. I was one of the doctors that took care of the child in the pediatric ICU and pediatric inpatient unit in course of the same hospital admission. Thankfully we could care for in a PICU that's integrated with pediatric inpatient service. There were many like that child in the last year alone.

Dr. Abeyome Akintorin

From the members of Cook County Health Department of Pediatrics and Members of Doctors Council & Associates

While it is true that advances in preventive care have led to a decreased need for inpatient pediatric beds, having access to inpatient pediatrics remains a necessity for the communities that CCH serves. Inpatient care is an integral part of the comprehensive care that our families have come to depend on. The benefits of a health system providing inpatient pediatric services goes beyond helping the admitted patient. The presence of a pediatric inpatient unit sharpens the skills of ancillary service providers such as respiratory therapists, phlebotomists, and radiologists to competently care for patients across the lifespan.

The recent trend of reduced inpatient pediatric services throughout Cook County threatens access to comprehensive health care, particularly for communities of color on the West and South Sides of Chicago^[D2]. It increases the stress for families needing to commute long distances to a pediatric tertiary care center, even for an uncomplicated 1-2 day stay for asthma or bronchiolitis. The spirit of the CCH mission is to provide services without creating additional obstacles or barriers for an already vulnerable population.

The breadth of pediatric expertise in our department is wide and diverse. The work of our internationally renowned Trauma Center continues on the pediatric inpatient unit as patients are assessed by Child Psychiatry for PTSD and depression, as well as by Child Family Wellness who assess for inflicted injuries. This also creates a warm hand-off for these patients and their families to be followed in our outpatient clinics. Further, our Pediatric Floor Team continues the medical care to discharge and ensures that our patients have a medical home to return to. Our Pediatric Oncologists are part of the National Children's Oncology Group, they care for children with leukemia and cancer. The outcomes for these patients meets national standards. Their

patients and their families love their providers and appreciate the convenience of receiving their care at Stroger.

We are also charged with training the next generation of primary care providers for children through our Pediatric and Family Medicine Residency Programs. Suspending inpatient pediatric care will have an adverse impact on the quality of education these residents receive. Becoming competent in managing routine pediatric hospital care for problems like asthma, bronchiolitis, and dehydration is essential for future Pediatricians and Family Practitioners.

Inpatient Pediatric care is a critical part of the wide range of services we offer our patients. Disrupting this service would negatively impact all of the other services we provide. We strongly urge the members of the Finance Committee to oppose the closure of Pediatric Inpatient Services at Stroger Hospital.

Cook County Health Pediatricians

Members of Doctors Council

Byung Ho Yu, Allergy & Immunology
Sadhana Dharmapuri, Adolescent Medicine
Kenneth Soyemi, Correctional Health Service, JTDC
Simon Pillar, Internal Medicine-Pediatrics
Nirma Vermla, Pediatrics
Asneha Iqbal, Pediatric Hematology-Oncology
Andrew Altiveros, Assistant Residency Director, Pediatrics
Salman Khan, Pediatrics
George Paul, Chair, Pediatric Emergency Medicine
Chinedu Oranu, Pediatrics
Rosibell Arcia, Director of Inpatient Pediatrics & Pediatric Residency
Paul Severin, Chair of Pediatric Critical Care
Vishakha Nanda, Neonatology

Dipti Dighe, Pediatric Hematology-Oncology
Tabitha Watts, Pediatric Emergency Department
Alisa Seo-Lee, Stroger Pediatrics Interim Lead Physician
Marjorie Fujara, Acting Chair, Division of Child Family Wellness
Amir Kagawalla, Pediatric Gastroenterology
Lubov Romantseva, Pediatric Neurology
Vanessa Davis, Pediatric Endocrinology
Swati Bhobe, Pediatrics
Harini Kolluri, Pediatric Endocrinology
Tatyana Kagan, Pediatric Emergency Department
Nicole Johnson, Child Family Wellness
Debbie Matek, Child & Adolescent Psychiatry
Karen Simpson, Adolescent Medicine
Annie Torres, Child Family Wellness
Rajeev Kumar, Neonatology

Dian Palmer
President
SEIU Local 73
Statement to CCHHS Board on September 1, 2020

The recommended budget reductions presented to the CCHHS Board today are the wrong way to approach the CCHHS budget. The Cook County Health and Hospital System is the safety net for all Cook County residents. We see Cook County healthcare services as vital. That is why CCHHS employees risk their lives during the COVID pandemic to show up for work every day. They are not receiving pandemic pay like their colleagues at other health systems. The employees continue to come to work each day because they know patients cannot seek services elsewhere.

Instead of closing clinics, restricting access to emergency services, privatizing healthcare services and laying off essential workers; this Board should seek to expand services in an effort to reach more patients.

The proposed closures of the Cook County Near South clinic at 35th and South Michigan and Cook County Woodlawn Clinic at 63rd and Woodlawn, the reduction of services at Provident Hospital at 51st and Martin Luther King Dr. cannot be looked at solely through the lens of the CCHHS budget. The closures of Michael Reese, the announced closure of Mercy Hospital and the unsustainable financial situations of the Advocate Trinity, South Shore, and St. Bernard Hospitals create the possible of a large healthcare desert on Chicago's near South Side.

Furthermore, the privatization of the Morton East clinic is a mistake. Public services should be delivered by public employees. Private companies delivering healthcare and support services inside the CCHHS system have proved to be disastrous – the example of Morrison Healthcare is fresh in our minds.

Cook County Health and Hospital System should be expanding mental, behavioral and general health services instead of cutting services that poor, uninsured, underinsured, and Black and Brown communities rely upon.

SEIU Local 73 members urge the members of the CCHHS to reject this budget proposal.

CCH Budget hearing testimony for 9/1 from Zena Whitlock

Matt Hoffmann <mhoffmann@seiu73.org>

Mon 8/31/2020 4:59 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

My name is Zena Whitlock and I am a Sr. Radiology Tech at Provident Hospital. I've been employed with the County for 27 years now. I'm against the new budget and fighting with my colleagues in solidarity for it to be revised to help the community in which we serve, and not remove important entities of the hospital that brings in services and revenue to benefit our patients. Our emergency department, operating rooms and physical therapy department are desperately needed in this community. The emergency department has a low daily census and low acuity because it's been designed that way: Provident hasn't taken ambulances since 2011! Now, a few months from Mercy Hospital's closure, CCH wants to turn Provident's emergency department into an urgent care, leaving near south side residents with no nearby emergency options. On top of that, you're taking physical therapy away from Provident while supposedly absorbing the services from the Near South and Woodlawn Clinics, removing them from their communities! In general, we need to be expand these services, not centralize them, especially in a time of crisis. These communities need these services and they generate revenue for CCH.

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

I am Marianne Bithos, President of the National Alliance for the Mentally Ill, South Suburbs of Chicago and have been in this role for many years.

In my role as President of NAMI South Suburbs of Chicago, I collaborate with many organizations to advocate on behalf of the mentally ill including Cook County Health, where I serve as a member of their Community Advisory Council at the Robbins Health Center.

The Robbins Health Center provides Primary Care to children and adults and plays an important role serving as a safety net for some of our neediest residents in the South Suburbs. In addition to Primary Care, the Robbins Health Center and the other Cook County Health Clinics in the Southland provide critical Behavioral Health services to residents including counseling, assessment and addiction treatment. Without this treatment, individuals, families and whole communities might be in crisis due to the domino effect that untreated mental illness can have. During the Covid-19 Crisis the South Suburban Clinics in Robbins, Ford Heights and Blue Island have served as an anchor in the community and patients trust that these are safe places to get the help they need either in person or via telehealth appointments.

NAMI has also partnered heavily with the Cook County Department of Public Health during the Covid crisis and has received trusted advice on how to help the individuals and families that we work with to be safe and proactive on disease prevention.

As President of NAMI South Suburbs of Chicago, I urge you to continue funding and expand programming in the South Suburban Ambulatory clinics, which have been a vital lifeline to residents of the Southland who already experience a disparity in health resources. In addition, the expansion of mental health and behavioral health programs, especially in this time of crisis, needs to be a consideration.

Many thanks for all the things that Cook County Health does to better everyone's health.

Thank you for your consideration,

Marianne Bithos
President
NAMI South Suburbs of Chicago

Testimony

Dennis Kosuth <dkosut1@yahoo.com>

Mon 8/31/2020 4:59 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>; Marti Smith <msmith@nationalnursesunited.org>; kperkins <kperkins@nationalnursesunited.org>

I have been a nurse in the emergency room at Provident for the past three years and have worked in Cook County Health system for over 12. It is amazing to me that during a pandemic there are again cuts being proposed to a health system which is supposed to serve those who have been most affected by this horrible pandemic. It was only a few months ago that Provident's ER was shut down for two weeks when one healthcare worker tested positive for COVID-19. With Mercy Hospital announcing its closure in spring of 2021 how can it be that in this time where everyone is considering the effects of racism on our society that further cuts are being proposed. This is the third largest city in the richest country in the history of humanity. The CEO of Amazon is now worth 2/10 of \$1 trillion. When we are told there is no money for healthcare for African-Americans I simply cannot believe it. Black Lives Matter Is simply not words someone can mouth, it has to be backed up with deeds. Don't be on the wrong side of history I urge people to vote against his budget and find a different way forward.

-Dennis Kosuth

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

My name is Rosalie Peoples and I am a patient at Cook County Health; more specifically at the Oak Forest and Stroger Health Center. I am very pleased to have the opportunity to write this letter. I am also grateful to you and Cook County Health for providing magnificent health services to me and others in my community.

My first oldest son who would now be 30 was delivered at Cook County Hospital. In 2007 I was going through issues involving gynecology. My sister who was is now a NP suggested to me to go to Cook County Hospital to get to the root of my medical concern. She raved about the education she received while completing her practicum at the Hospital. Since that time and moving forward, Cook County Hospital has been my only choice for my medical care.

My second biggest medical event was being diagnosed with Pulmonary Embolism. From 2016 until 8/2020 I have undergone various treatments and many trips to various Cook County clinics. My **ENTIRE** team of doctors (Gynecology/Hematology/Cardiology/PCP), have played an outstanding role in improving my health and quality of life.

I have two doctors who I would like to especially focus on at this; Dr. Valerie Hansbrough and Dr. Lorraine Y Bangayan. After being placed on blood thinners it resulted in constant bleeding. Being a female who was still experiencing a monthly cycle the continuous bleeding was not only depressing it came to a point that I feared leaving my home after having several accident while in public. I expressed my concerns and feelings of hopelessness in this situation to Dr. Hansbrough during one of my visits. Her exact words to me were "I am not going to stop working on this until we find a satisfactory solution!" She kept her word. I am so thankful and grateful to have been placed as a patient with her, and I will NEVER forget her dedication in resolving my problem.

During a visit with Dr. Bangayan and discussing my concern with my constant weight gain as a result of me having to abruptly change my diet due to the medication that I was prescribed. She worked with my medical team and me and was able to change my medication which resulted in me being able to enjoy a healthier food selection and return to a healthier weight. My treatment and services with the Cook County Hospitals have been outstanding and I feel that my life has improved and continue to positively improve.

I know that in these difficult times, programs may need to be realigned and that you will have to make difficult decisions. I trust that you will look at data and make appropriate decisions to ensure that the residents of Cook County will have appropriate access to healthcare resources either through Cook County Health or the CountyCare network.

Many thanks for being there for us in the community.

Sincerely,

Rosalie Peoples



Testimony for Tomorrow's Public Hearing

Kindra Perkins <KPerkins@NationalNursesUnited.Org>

Mon 8/31/2020 5:03 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Cc: Marti Smith <msmith@nationalnursesunited.org>

Here is a statement from Edrienna Jamison of Provident.

To the Members of the Board:

My name Edrienna Jamison,

I am a nurse in Provident's ICU. Provident Hospital is very dear to me. Since I have been working at Provident, we have always been short staffed and in my opinion, always an after thought. We need MORE resources at Provident. We do not need to cut any services. This community is already without an ICU. We have no idea when County plans to provide those services to this community.

I love serving the patients in this community and we should not be balancing the budget on the backs of the thousands of those patients that we serve every year. County has the option to balance the budget by not frivolously wasting resources on other expenses such as overtime. Cutting positions and cutting services will only lead to an increase of unnecessary spending. Work with nurses. Work with the other unions, so that together we can figure out how to balance this budget so that it benefits ALL of our patients not just some.

Sincerely,

Edrienna Jamison

Kindra Perkins
NNOC/NUU
Labor Representative
(312) 783-1669



When Nurses Fight, Patients Win

Dear Board Members,

I am writing to you in my capacity as a chief of child neurology section of Stroger hospital.

Elimination of inpatient pediatric unit will have an immediate and clearcut negative impact on our child neurology patients at Stroger hospital system. Together with my colleagues, we take care of approximately 300 patients per year in child neurology clinics and inpatient consultations. Most common diagnoses are: headaches, seizures and epilepsy, cerebral palsy, autism, and learning delays.

Of these, epilepsy in particular is a common chronic disease with unexpected, sometimes life-threatening exacerbations(seizures and status epilepticus). Seizures in children are common (1-3% prevalence) and are seen with febrile illness, premature birth or brain trauma or hemorrhage. I see these children in my Stroger clinic when they are well, and when they are sick they need an inpatient unit to call a medical home. Stroger inpatient unit fulfills this need, and without it, these patient will not get a standard of care that they deserve.

These children obtain all their diagnostic care in the Stroger system, including encephalograms and brain imaging, as well as consultations from physical therapy and other pediatric subspecialists. Pediatric department has build a cohesive multidisciplinary approach that supports our epilepsy patients when they are having increased seizures and are admitted on pediatric inpatient unit.

It is the standard of medical care in the US to provide inpatient admission for chronic disease exacerbations in the patient's medical home. As you know, the medical home model leads to better health outcomes, especially among low income children.

It is also the patient family's reasonable expectation that the same hospital system that takes care of their child when they are relatively well(outpatient clinic visits) will also take care of their child when they are sick and need inpatient care.

Challenging financial realities notwithstanding, I urge you: do not break apart a medical home for children with neurologic conditions. Please support the inpatient pediatric unit at Stroger hospital.

Respectfully,

Dr Lubov Romantseva MD

Chief of Child Neurology, [REDACTED]

Cook County Health
Board of Directors
1950 W. Polk
Chicago, IL 60612

RE: Fiscal Year 2021 Cook County Health Budget

Dear Cook County Health Board of Directors,

I am Belinda Marshall and my daughter and my husband are life long patients of Cook County Hospital Systems. My husband is a retired wounded veteran. He was born in cook county hospital, treated there when he was robbed and shot and visits there when he is in Chicago for treatment. He has also utilized the services of Oak Forest and Provident. My daughter Niekieya was born with cerebral palsy and down syndrome. She has diabetes and a feeding tube. We have travelled all over the world as my husband and I both are retired from the military.

Words could not begin to tell you the impact cook county hospital systems has meant to my family. They have provided vital and critical health care to my family. This extends beyond my husband and daughter but to my parents and siblings (The Houston Family). You cannot put a price on service or life.

I understand budget cuts, but I ask that you take a close look at where you will cut. As my mom have stated what is certain is life and death and Cook County Health Systems is the foundation that allows the preservation of life and when it is inevitable, allows death with dignity and overs comfort, support and the absolute best in healthcare to the community and patients at Cook County Health. I am grateful to you and Cook County Health for providing great health services to me and others in my community.

Many thanks for being there for us in the community.

Sincerely,

Belinda D. Marshall

