

**Testimony of
John D. Cameron
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before the Health & Hospitals Committee
Cook County Board of Commissioner
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AFSCME Council 31 represents more than 1,200 employees working in the Cook County Health and Hospital Systems. We have long advocated for a comprehensive system of care that employs prevention and community services. As many of you know, we were very active in moving the ordinance that created the CCHHS board and mandated this planning process.

We are very pleased that the board has taken it so seriously and agree with many aspects of the plan before you today. We welcome the commitment to expand out-patient services across the county as well as the focus on improving patient satisfaction at county health facilities.

However, there are serious questions raised by the plan that remain unanswered and risk the services and health care currently being provided by the systems.

Fundamentally, we believe the strategic direction for the systems must be about expanding access to health care, not curtailing it. The proposals to close in-patient services at Oak Forest Hospital and reduce them at Provident raise troubling issues of how county residents will be better served:

- Can the relatively small budgetary savings projected to be saved by those closures – less than 4% of the systems' operating expenses – justify the disruption and restricted access for folks in the county's most medically-underserved area?
- Will the already overburdened community hospitals in the Southland area be able to provide for even more uninsured patients?
- Does it make sense to expect those in south Cook County near Oak Forest to travel an additional 26 miles for hospital care, a trip that often takes as much as an hour by car and more than an hour and a half for those reliant on public transportation?

Shifting Oak Forest's rehab unit to private providers saves no money whatsoever in this plan; it simply privatizes public work. At the same time it raises questions

about access and quality, as many former Oak Forest patients ended up in substandard nursing homes when long-term care was cut in 2007.

Given the many uncertainties facing the county system, like the impact of national health care reforms, many other financial assumptions inherent in the plan are also open to serious challenge.

It may well be that maintaining a level of in-patient and emergency services at Oak Forest would both enhance access to care and bring additional dollars to the systems from Medicaid and Medicare.

We would ask county commissioners to reject the strategic plan today and urge health systems officials to work closely with community and labor stakeholders to resolve these important outstanding questions, and then bring a reformulated proposal back to the county board in September.

We believe such an approach would better meet the vision and core goals outlined at the beginning of the strategic plan, as well as the systems' essential mission to deliver integrated health services with dignity and respect regardless of a patient's ability to pay.

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