



Collaborative for Health Equity

Cook County

Where People, Place, and Power Matter

Good afternoon, my name is Susan Avila. I am here representing the Collaborative for Health Equity Cook County, CHE Cook County. We are a part of the National Collaborative for Health Equity devoted to examining and confronting structural racism, and other forms of oppression. We work to achieve health equity by focusing on the root causes of inequity,

I am a retired County nurse with over 30 years of experience. My nursing career ranged from working as a community health nurse in the Henry Horner housing projects, to doing bed side hospital nursing and finishing as the Trauma Nurse Coordinator at County's Trauma Unit. I say all this because as many of you know nurses will tell a doctor in a minute what to do when they believe their patient is at risk. Today my patient is the Cook County Health System and I am here to tell you that you need to expand the topic for these planned hearings. A job description, and the selection criteria for the next CEO is important but it is not the most essential question facing this complicated system.

Hearings need to be called that discuss the planned changes to the ordinance covering the Health and Hospital System. There needs to be discussion at all levels from health care experts, advocacy groupings and the general public regarding the proposed move of this massive Health System back under political control of the President and this Board. If that happens, we would be the only large public health system in the country under direct control of politicians.

Hearings need to be called that openly discuss the Health System's deficit with a clear explanation of WHY the deficit exists. What portion can be attributed to the medical care side; what portion to the insurance company, County Care.

We must find a way to strengthen the semi-independent Health System board. There must be frequent communications between the health system board and the County Commissioners. We need to encourage open discussion and deliberation and no longer allow only superficial discussion between the President, CEO of the health system and the chair of the Health System Board.

The Health System Board members spend hours of volunteer time attending meetings, briefings and visiting various clinical sites. Their concerns and questions are often ignored.

President Preckwinkle and the former CEO Dr Shannon have implied that the deficit is due to the failure of private hospitals to provide charity care. This is a dangerous distraction. As Commissioner Daley pointed out in the Oct 10 2019 Chicago Tribune article "I think we have to talk to private hospitals to see how much more they could do in charity care, but our mission is charity care, that's what we've been set up for."

We view the suggestion that Cook County Health System might ration or worse abandon its historic mission of providing quality medical care to all regardless of their ability to pay as most disturbing. For example, in spite of the expansion of Medicaid and the reforms of the Affordable Care Act 18% of African American men and 18% of Latinx men in Cook County have no medical insurance.

We believe health care is a fundamental human right. We believe it is the responsibility of our society, through our collective government to make sure that the dream of universal health care becomes a reality.

Susan Avila RN MPH
Collaborative for Health Equity Cook County