

I've been a registered nurse for 13 years, and have been an employee of CCHHS for almost 11. I've worked full time at Stroger's ER for over 8 years and part time at Provident's ER for the past 2.5.

I was appalled to learn of the closing of Provident's ER from it being mentioned in passing in a Crain's Chicago Business report on Dr Mason being fired.

Our union met with County Human Resources on Sunday April 5 and we pleaded with them to reconsider. Our union wasn't against remodeling, but there had to be a better way. We asked how this wasn't a violation of the Emergency Medical Treatment and Labor Act, which forbids the transferring out of unstable patients.

Management said they were worried about safety, because a staff person got Covid-19. Every hospital who treats Covid-19 patients has had staff catch the virus, and none of them have been shut down. If the County is so concerned about safety, what about the almost 500 Covid-19 positive people at the Cook County jail?

What about the safety of the community? In my years there, many have been brought there needing immediate lifesaving medical intervention. An ER is not a fast food restaurant where you can turn the lights off and put up a closed sign when a mouse is found in the freezer.

This closing occurred on the same weekend when disproportionate deaths of African Americans by Covid-19 was reported on. Imagine the increased stress the community had to endure to be informed that some people are dying at a greater rate and their own ER is being shut down.

This would not have occurred at Illinois Masonic in Lincoln Park, Northwestern Memorial in Streeterville, or even U of C in Hyde Park. There already is a 14 year difference in life expectancy between Washington Park and Hyde Park, and that was before the pandemic. This community already needed more healthcare, not reductions. The life expectancy gap between Streeterville and Englewood is 30 years, these gaps should already have been a public health emergency.

I worked at the ER on the day it was reopened. I'm relieved that nothing tragic occurred during the two week closing. I'm grateful to the community organizations and nurses who publicly campaigned against the closing.

Regarding the upgrade, the walls got painted, it was cleaned, and the number of beds inside the ER was reduced from 16 to 10. My co-workers also heard there will be less nurses working in the ER for each shift. How will these reductions benefit the community?

To my knowledge, no frontline nurse or community member was consulted in the closing or the re-opening - the practice of doing things without discussion beforehand has to end immediately.

Moving forward, there needs to be a serious conversation with all the stakeholders and the responsible elected officials. This virus has put a spotlight on chronic medical inequities, and decisive urgent action must be taken. A date for such a meeting must be set up.

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