

## Mercy, Chicago's oldest hospital, closing as early as February

By Monica M. Walk

Mercy Hospital & Medical Center has announced its hospital's impending closure, to occur between Feb. 1 and May 31, 2021, dependent on Illinois Health Facilities and Services Review Board approval. Founded in 1852, Mercy is Chicago's oldest hospital and first chartered teaching hospital.

The 402-bed hospital at 2525 S. Michigan Ave. will close following failure to obtain State funding for a plan that would have transformed the organization into a healthcare consortium with three other Chicago South Side hospitals, Advocate Trinity, South Shore, and St. Bernard, creating a new independent health system with new inpatient hospitals and multiple outpatient centers to replace existing aged facilities on the South Side in Bronzeville, the Near South, South Shore, and Calumet Heights.

“Bronzeville and much of the South Side of Chicago lack adequate health care facilities. For many residents, Mercy was their point of entry for health care that they could not otherwise afford or even otherwise find in the area. As sadly seen during the COVID-19 pandemic, the fact that Black and Brown people are disproportionately suffering from the disease only highlights the existing challenges they face every day in accessing health care.”

— State Representative Lamont J. Robinson (D-5th)

“The decision to discontinue services at Mercy Hospital was not an easy one,” said Carol Schneider, president of Mercy Hospital & Medical Center, in a statement. “But patients on the South Side have unmet needs within the current system. The transformation from an inpatient model to one with greater access to outpatient services will better address the disparate outcomes in health from which our community suffers today.”

An important employer in the area, the hospital counts 1,700 workers.

More than 80% of the population it serves is economically challenged, underserved, or uninsured.

Mercy Hospital is working on plans for an outpatient care center to address a community need for more early detection and diagnosis, better coordination among multiple providers, and more cost effective and accessible urgent care and other outpatient services. The new center would offer diagnostics, urgent care, and care coordination to serve more than 50,000 local patients with preventive and diagnostic care aimed at preventing emergency room visits and hospitalizations.

### Failed funding

The South Side Coalition formed in January 2020 and created a South Side Transformation Plan to expand access to quality preventive care and services, increase access to coordinated care, and address significant and historic health inequities faced by South Side residents. Coalition members wanted to build new hospitals and outpatient sites before any existing hospitals closed.

The South Side Transformation Plan outlined a \$1.1 billion investment in local health, funded

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from a combination of public and private commitments over ten years. It called on the State of Illinois to commit \$520 million over five years. While wrapping up the spring legislative session, the Illinois Legislature elected not to fund the South Side Transformation Plan as part of the Illinois Hospital Transformation Program. The South Side Coalition then disbanded at the end of May.

The new South Side health system would have included a medical group employing 140 providers (relocated from Mercy Hospital and Advocate Trinity Hospital) and would have maintained 3,445 jobs in the community. Virtual town halls during the coronavirus (COVID-19) pandemic had reached more than 700 community members in 11 ZIP codes including the neighborhoods of South Shore, Englewood, South Chicago, Chatham, Calumet Heights, Bronzeville, Chinatown, Auburn Gresham, and Washington Heights.

Like many hospitals, Mercy has faced financial turmoil for many years as the area's population declined, hospital reimbursements decreased, and capital needs increased exponentially. Healthcare trends have shifted away from inpatient services in favor of outpatient services. The large systems and academic medical centers (with new and updated facilities) to the north, south, and west of Mercy Hospital continued to attract a greater share of patients, according to a Mercy statement. Mercy also reports its aging hospital would require at least \$100 million of capital investment over the next five years to maintain safe and sustainable acute care. Trinity Health purchased Mercy Hospital in 2012 and has funded more than \$124 million in infrastructure improvements and \$112 million to meet short-term operating needs; management felt monthly operating losses of \$4 million are no longer sustainable.

### Community reactions

Journey 4 Justice, a collection of grassroots organizations that includes the Kenwood-Oakland Community Organization, held a news conference on Aug. 12 protesting Mercy's closing, saying they want the State and City to fund Mercy and Saint Anthony's Hospital fully or support the original consolidation plan.



Photos courtesy Lamont Robinson

**Protesters opposing the closing of Mercy Hospital are demanding that the idea of a consortium of South Side hospitals be revived.**

"We're very clear that that closing of one of Chicago's oldest hospitals, Mercy Hospital, is really a part of a very determined purge of Black people from the City of Chicago, to kill the institutions that people need," said Jitu Brown, Journey 4 Justice's national director.

"I am dismayed for the people of Chicago at the announcement by Trinity Health that it intends to shut down its Mercy Hospital & Medical Center, a vitally needed health care facility in my district, sometime in 2021," said Lamont J. Robinson, 5th District State Representative. "And I am dismayed at the disingenuousness of Trinity and the other hospitals that proposed a merger and a new hospital only to abandon the idea; they did not follow through on their commitment to an underserved population and instead are turning their back on them during an ongoing pandemic.

"I believed that the merger plan proposed earlier this year was half-baked," Robinson said. "I did not oppose a merger; I opposed committing \$520 million in state funds without an adequate plan for the merger."

He noted the hospitals "were asked in the spring to go back to the drawing board to provide more details about where they were going to locate a new facility to make sure it would continue to serve the poorer neighborhoods on the South Side, and which, if any, of the existing hospitals might close as part of the merger. Rather than returning with a more detailed proposal, they abandoned the merger, and now Mercy is closing without a revised plan being offered. I reject the hospitals' 'my way or the highway' approach to solving this problem."

"The absence of this hospital would result in a health and trauma desert and create unnecessary hardships for those who are already underprivileged," said State Senator Mattie Hunter (D-3rd). "I've been working with the Department of Human Services to seek possible solutions and pursue other hospitals."

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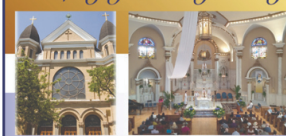
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## Inpatient services transition plans

Mercy has announced it will plan for an orderly transition for the hospital closure, including relocating services to other hospitals on the South Side to help ensure care continuity and patient health and safety. It maintains affiliations with major Chicago academic programs and centers, including the University of Illinois Hospital and Health Sciences System (UI Health), University of Chicago (UChicago), and its sister Trinity Health facility at Loyola University Medical Center.

"We are currently evaluating the impact of the closing of Mercy as an inpatient facility," said Jacqueline Carey of UI Health Office of Public Affairs. "We have a long history with Mercy as a referral hospital and academic partner and hope to continue to serve the health needs of the community."

UChicago Medicine's Ashley Heher, director of media relations & breaking news, noted, "Mercy Hospital has a long and storied history in Chicago and has been a valued partner in serving the city's South Side. The planned closure of the hospital next year will reduce access to healthcare services for the community, and other providers will need to step up and provide the services previously available at Mercy. The University of Chicago Medicine, as the largest provider of healthcare to Medicaid patients in the state of Illinois, will continue to serve our community. To this end, we intend to work with hospitals and other healthcare providers, as well as the relevant city and state agencies, to determine how best to meet the needs of our patients and the community."

## Neighborhood history and healthcare

From its roots as a rooming house near Rush Street and the Chicago River, which the Sisters of Mercy converted to a healthcare facility, the hospital's story has figured strongly in the city's history. Several early moves included a then-country location that proved fortunate for the hospital in both surviving the Chicago Fire of 1871 and providing a haven for burn victims. A building plan in the 1950s called for relocating to the suburbs with Loyola's Stritch School of Medicine, but Mercy chose to stay close to city residents needing care. The City of Chicago supported building the current location on South Michigan Avenue in 1968, making Mercy an accessible South Side neighborhood hospital.

"It is very sad to learn that Mercy Hospital would be closing," said Prairie District Neighborhood Alliance's president, Tina Feldstein. "Mercy has deep roots, both historically and as a health advocate, in Chicago's Near South Side. Mercy has been a stakeholder in the development of our community and a supporting partner in programs throughout the years. Mercy will be missed."

Mercy's media statement on its hospital closure included details about the City of Chicago's disparity in healthcare outcomes, citing a "radical difference in life expectancy...when comparing prosperous neighborhoods with some communities on the South Side. For example, people in Streeterville on Chicago's North Side live an average of 30 years longer than those in Englewood, where the average life expectancy is only 60 years."

Medical experts believe chronic health conditions drive this disparity. "Bronzeville and much of the South Side of Chicago lack adequate health care facilities," Robinson said. "For many residents, Mercy was their point of entry for health care that they could not otherwise afford or even otherwise find in the area. As sadly seen during the COVID-19 pandemic, the fact that Black and Brown people are disproportionately suffering from the disease only highlights the existing challenges they face every day in accessing health care."

Robinson noted, "I will be working with my legislative colleagues, the Pritzker administration, and South Side leaders to research if there are any options to prevent the closing of Mercy and what we can do to ameliorate the lack of health care in the area."

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**Editor's note:** William S. Bike also contributed to this article.

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