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Blacks Must Control Their Own Community

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25 Cents and worth more

Head of Roseland Hospital says facility will not close

By J. Coyden Palmer

The man currently in charge of the day-to-day operations at Roseland Community Hospital on the city's South Side, said the hospital is no longer in danger of closing. Tim Egan, the state-appointed receiver of the health care facility, told a crowd of 300 people earlier this week that because the hospital's emergency room is so busy, it is required to keep beds for intensive care of surgical recovery patients. Egan said he wanted to end all of the rumors and speculation about the hospital becoming an out-patient facility only.

Egan made his comments during a meeting to discuss a myriad of issues affecting Roseland that was held at the Joan & Ray Kroc Corps Center at 1250 W. 119th St. on Aug. 19. Egan, who many people in the crowd were unfamiliar with, said he did not come to the hospital to cut jobs or



Tim Egan

services. He said the Roseland community and greater South Side need the medical facility now more than ever before.

"I didn't come here to cut services, I came here to build services," said Egan, who was the vice president at Norwegian American Hospital during a 12-year stint there. "I've been on the job a month and one of the things that was very clear to me from the very beginning is that we have an emergency room that is booming every day. Our community needs that urgent care unit. In the fight to keep that urgent care center open...you're always going to need ICU beds and observation beds. So there will be an in-patient component to Roseland Hospital," said Egan to thunderous applause.

It June, the fate of Roseland was up in the air. The hospital's debt was so bad they were forced to layoff dozens of employees

and others had their hours cut. Roseland owes several vendors large amounts of money. Residents, community activists and unionized hospital workers however was organized public demonstrations alerting the community to the situation at the hospital. They called on Governor Pat Quinn to step in and save the facility, which has been in operation since 1924. Quinn responded by ordering an emergency \$350,000 allocation under the condition the hospital comes up with a long-term plan. The money came from an existing fund dedicated to public health, community and nonprofit organizations.

Wesley Epplein, a policy analyst with Health and Medicine Policy Research Group, said any thoughts of closing Rose-

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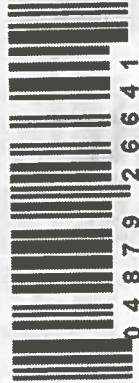
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Head of Roseland Hospital. . .

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land would have a "catastrophic" effect on the community. He said the American health care system is in a state of upheaval. With state and local budgets being cut to the bone, it is having an impact on covered services and rates to providers. Epplin described Roseland Hospital as a "safety net institution" that supplies "healthcare as a human right" to low-income and uninsured citizens.

"When other institutions have avoided or refused provisions of such care, safety institutions like Roseland have provided that care," Epplin said. "There are costs to providing this value of care. . .but it is an access that we must provide and the costs of which our society must find some way to pay."

Epplin said even with Obamacare coming in the near future, there will still be an increase in demand for health services as the American population continues to age rapidly. He said safety net hospitals should not be closed without a thorough examination of community health needs in the areas they serve.

"In the specific case of Roseland we call for a community health needs assessment, including discussion with other community providers and community residents themselves in determining what needs to exist," Epplin said. "Safety net hospitals such as Roseland also serve as community anchors, employment hubs and connectors for people in an impoverished area of our city. Closing hospitals, just like the closing of schools should not be done without significant examination of alternatives." The greater Chicago area needs a comprehensive plan of the health care safety net in the era of

health reform. We should not start a cascade of hospital closings. Residents, workers and employers deserve a comprehensive plan for addressing community health needs in a cost-effective basis."

Two years ago Quinn signed legislation making the Roseland community a medical district. The medical district is intended to attract medically related commerce and research, as well as new business ventures, to this severely underserved community. The creation of a medical district provides for the orderly creation, maintenance, development and expansion of health care facilities and other ancillary or related facilities for the study, diagnosis, and treatment of human ailments and injuries, whether physical or mental, or to promote medical, surgical, and scientific research and knowledge. Roseland is only the second medical district in the city of Chicago and the fourth in the state.

Many community residents and political leaders are demanding that residents in Roseland be given the quality of medical care that those in suburban Barrington receive. Egan touted Roseland's Phillips Micro-Dose Mammography machine, one of only six in the nation, as an example of the potential for high-quality care. The **Crusader** wrote about the machine being underused as hospital administrators tried to discover more ways to get the word out about the availability of the technology to the community. Egan made a promise to those in attendance.

"I'm here to tell you right now that you will be able to get services in Roseland just as good as you can in Barrington. We have the technology," Egan said.