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Tim Egan: Safety net moonshot would not help Chicago's community hospitals



Tamara Jones enters the intensive care unit at Roseland Community Hospital in Chicago on May 2, 2023. (Terrence Antonio James/Chicago Tribune)



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From bombing Iran and raiding Venezuela to ordering military-style enforcement actions in Chicago, Minneapolis and other Democratic cities, President Donald Trump has dominated the news cycle and our attention. While we have been distracted, we have been building up to an even deadlier consequence: the gutting of Medicaid, the health care program for the poor, contained in the One Big Beautiful Bill Act. This policy will destroy the lives of the people I serve on the South Side of Chicago while preserving tax cuts for the wealthy.

Nearly \$1 trillion is being cut from federal Medicaid funding, according to the Congressional Budget Office. According to Gov. JB Pritzker's office, Illinois stands to lose about [\\$52 billion in Medicaid funds](#) over the next 10 years.

The bill, which was passed last summer, is the single most destructive piece of health care legislation I've seen in my lifetime. My fear is that Democrats in Springfield will feel they have no choice but to respond to the Trump administration's policies with deep cuts of their own to state funding for safety net hospitals across Chicago and Illinois.

That is not the kind of bipartisanship we need.

Rather than rallying to the cause of health care for the poor, a nonprofit backed by the foundation of a wealthy investor has promoted a plan called the "Safety Net Moonshot Initiative" to Springfield policymakers, including key lawmakers and the governor's office. In presentations the proponents have made to elite civic groups, the moonshot initiative declares that the city's hospital-centric infrastructure must be shrunk and proposes Illinois defund the safety net hospitals, which literally hold together the Chicago communities they serve, in favor of building light, acute care hospitals and outpatient centers.

It all sounds good over a Caesar salad and a pinot grigio, but in practice, the moonshot is a kill shot to the most vulnerable Black and brown patients in our most marginalized communities.

This is no time to experiment with the untested deep thoughts of do-gooders who couldn't find Roseland, Englewood or Humboldt Park without GPS. If safety net hospitals are allowed to be shuttered, the South Side neighborhood we serve will be devastated by the loss of access to health care services, professional-level jobs and community service. We host back-to-school events that provide school supplies to families that can't afford them. We provide meals to our neighbors, as well as winter coats, hats and gloves. Roseland even offers free dental and mammography vans to address long-ignored health disparities. Our colleagues at Chicago's other safety net hospitals on the South and West sides of Chicago provide the same committed services every day. Our institutions are not just health care providers; we are the very foundation of the communities we serve.

Closing safety net hospitals will also be devastating for all first responders. Police officers bring wounded suspects and victims to our emergency departments every day, and more importantly, they bring us individuals suffering a behavioral health crisis. Ambulances bring sick, suffering and often violently wounded patients through our doors.

Whenever someone promotes the shuttering of our safety net hospital because an ambulance can just bring those patients to another hospital, I will always quickly ask: "How far would you like to travel with a bullet in your gut?"

Light acute care facilities and outpatient towers can't save a person shot by an assault-style weapon nor can they properly serve the teenage victims of sexual violence.

The state of Illinois cannot fall for Trump's trickery and implement his agenda of destroying the very fabric of essential services to those who need them the most.

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Pritzker and the Illinois legislature must invest in safety net hospitals.