

## The Tragedy of West Suburban

By West Suburban Family Medicine Residents

West Suburban, a [safety net community hospital](#) on the border of Oak Park and Austin, is in critical condition. While it is well known that the hospital has struggled financially over the years, there is no precedent for the litany of patient safety issues arising from shortages of vital hospital resources, inadequate building maintenance, and understaffing that have become increasingly prevalent under Resilience Healthcare. Once one of the [top](#) hospitals and family medicine residencies in Illinois, West Suburban offered a full-spectrum of services and in-house specialists including inpatient pediatrics, cardiothoracic surgery, psychiatry and an inpatient substance use rehab program. None of that remains.

When Resilience Healthcare CEO Manoj Prasad MD MBA PhD FACHE CHCSP purchased West Suburban and Weiss Memorial hospitals in 2022 with the help of his business partner Reddy Rathnaker Patlola, he promised to revitalize the 2 institutions. But instead, we've witnessed the exact opposite. This year [the hospital received a D](#) in safety from Leapfrog, down from a C in 2023 and a B before that. Dr. Prasad [dismissed](#) the significance of this rating, claiming that he did not submit updated data, but as resident physicians at West Suburban, our lived experience is a testament to our grade's validity.

We would not write this unless we felt we had exhausted all direct avenues for change. Residents and residency program faculty have met with hospital administration countless times to no avail. When the residents unionized in 2023 to spark change, Prasad removed the water dispenser from our workroom, removed us from the patient safety committee and refused to meet with us further. Since then we have organized a unity break, spoken with news outlets, attended town halls and even picketed outside the hospital, but the quality of care has only continued to decline.

Rather than an exhaustive list, we will simply highlight the most concerning patient safety issues. We are constantly rationing or entirely out of fundamental medical supplies due to administrative cost-cutting. One night on the labor & delivery (L&D) floor there were three laboring patients and only one epidural kit in the entire hospital. In the last three months alone we've run out of vapotherm oxygen tubing and nitrous oxide gas (non-narcotic pain control) on L&D, arterial blood gas kits and tube feed pumps in the ICU, the isotope for nuclear medicine studies and much more. When we ran out of female external catheters, multiple older women on diuretics languished in diapers with none of their urine output measured for days. One patient's family member eventually purchased catheters and diaper rash cream with her own money. Interpreter services were unavailable for weeks earlier this year, leaving staff at the mercy of Google translate or colleagues of varying fluency. In August, we were forced to delay dialysis for hospitalized patients because Dr. Prasad was not properly paying our previous dialysis servicer and abruptly switched us to a company with far less technician capacity. Without any advance notice we were no longer able to do emergent or nighttime dialysis. That same day we also found out the availability of gynecology consults was down to 2 days a week, forcing us to seek

transfer for patients with acute gynecological issues like heavy bleeding or manage them without formal expertise the other 5 days. Of the remaining specialty consult services we do have, many are down to a single provider leaving us with frequent gaps in coverage. For example, over labor day weekend, West Suburban had to redirect all heart attack patients to other hospitals due to a lack of Cardiologist staffing.

It would be one thing if Dr. Prasad acknowledged these issues and expressed a willingness to address them. But in discussion with [Crain's Chicago Business](#), Dr. Prasad denied any patient safety issues. He claimed the hospital had paid most of its debt and broke even for the first time in years. But even if that's true, at what cost? We have no overnight phlebotomist to draw labs, virtually no MRI capability on weekends and the labor & delivery floor just underwent a mass exodus of nurses due to low pay and burnout from working in such a volatile environment constantly short on staffing and equipment. And the result? Extreme inefficiencies, potentially dangerous delays in diagnosis and treatment, and longer, more expensive hospital stays.

And despite reportedly "breaking even", we continue to have regular air conditioning and elevator outages and contractors of all stripes must fight tooth and nail to be adequately paid. We were notified on 8/12 by Tiger Connect, the hospital's paging service, that access would be canceled in one week due to nonpayment. Prasad's response: I didn't see the bill. CIMPAR, West Suburban's contracted hospitalist group, has also frequently struggled to obtain payments from Prasad - as has PCC, a network of federally qualified health centers that provides outpatient training for West Suburban's resident doctors. PCC and Resilience are currently in arbitration over a sum in excess of a million dollars allegedly owed them by Resilience.

This might be hard to believe if not for the multiple other breach of contract [lawsuits pending](#) against Resilience and [Ramco](#), Mr. Patlola's company which leases the hospital land to Resilience, for hundreds of thousands of dollars in unpaid bills plus interest. Is it really fair to claim that the hospital is "breaking even" if doing so depends upon providing substandard medical care, neglecting building infrastructure, and denying payment to a host of suppliers and physicians? How can West Suburban achieve long-term stability if Dr. Prasad's strategy is nothing more than robbing Peter to pay Paul?

You would expect someone with as much alleged healthcare management experience as Dr. Prasad to have a better strategy. But then again, none of his employment or education history can be verified. The internet is practically devoid of his existence prior to Resilience's move to purchase Weiss and West Suburban in 2022. There's not even so much as a LinkedIn. For such an accomplished healthcare executive that has [allegedly turned around](#) numerous physician organizations and hospitals, this feels highly unusual.

Many of the companies listed on Dr. Prasad's narrative resume from the [hospital purchase application](#) are difficult to identify in LARA, Michigan's LLC database, but one, Kern Hospital and Medical Center, stands out. Kern Hospital was one of several assumed names of the Dequindre Corporation, formerly owned by Ravindranath Kambhampati, MD. Dr. Prasad, acting as president and CEO, claims to have saved Kern from the brink of Chapter 7 bankruptcy liquidation and led it to profitability for three consecutive years before leaving in 2000. While it is

true that Dr. Prasad was CEO of Kern Hospital under Kambhampati, the hospital was actually sold in 2001 and the claim about profitability is a bald-faced lie.

In 2002, Louis Cole filed a lawsuit in the Eastern District of Michigan accusing Kambhampati et al of fraud and falsification of financial statements. Cole alleged that in order to induce him to purchase, Kern officials not only concealed a medical equipment lease with Allegiance Healthcare, leaving Cole with unexpected post-sale financial obligations, but also concealed an ongoing Medicare investigation to determine whether Kern was compliant with regulations and eligible for reimbursement.

The lawsuit details that on January 9, 2001, The Michigan Department of Consumer and Industry Services sent Kern Hospital a "Statement of Deficiencies and Plan of Correction" which Dr. Prasad signed and submitted six days later. On March 15, less than two weeks after the sale closed, a letter arrived on Mr. Cole's desk from the Department of Health and Human Services, addressed to "Manoj Prasad, MD, Chief Executive Officer," notifying him that "Kern Hospital & Medical Center is not in compliance with Medicare Conditions of Participation for Hospitals."

Cole was then forced to shell out hundreds of thousands of dollars just to address the Medicare deficiencies and get the hospital back up to code. At the same time, this also meant that the operating costs communicated to Cole on the purchase agreement were significantly understated and not indicative of the true cost of running an accredited hospital fit to treat patients. The case was settled out of court after Dequindre's motions for dismissal were denied.

Dr. Prasad appears to be at it again with West Suburban. He's not paying the bills and he's slashing staffing and vital resources. This time, some of the most vulnerable communities in Chicago are paying the price. But this is nothing new for them. Earlier this year, the ex-CFO of Loretto Hospital, another safety net community hospital in Austin, was indicted for a [\\$15 million embezzlement scheme](#). This comes after he was already dismissed in 2021 for rerouting COVID-19 vaccines intended for Austin residents to his neighbors at Trump Tower and other social contacts around the city.

Neighborhoods like Austin have long faced disproportionately high rates of poverty, addiction and chronic disease. A severe lack of time, money and connections makes it near impossible for these communities to repel attempts to pillage their resources and public aid by predatory businesses like Resilience Healthcare. The crisis at West Suburban reveals how economic and health disparities compound one another, fortifying structural racism in the process. If poor black and brown communities are perpetually plagued by poor healthcare and corporate corruption, how can we ever achieve a healthy, more equitable society?

In order to ensure that federal dollars are actually reaching our patient population and not just being used to create an illusion of profitability, we demand deeper investigations into the credentials of Manoj Prasad, the financials of AUM Global Healthcare Management (dba Resilience), and the regulatory compliance of its hospitals. Because the people of Austin

deserve better and the fact that providing subpar medical care is profitable in our country should prove to us that profit has no place in healthcare and neither does Dr. Prasad.