



COOK COUNTY HEALTH

CEO Report (Addendum to PowerPoint Presentation)

Debra D. Carey, Interim CEO

May 29, 2020

Community Advisory Council

CCH held its first joint virtual Community Advisory Council meeting on May 28th for the representatives on the Cottage Grove and Robbins Councils. Updates on CCH services, facilities and programs were provided including COVID-19. Cook County Board President Toni Preckwinkle 'stopped by' virtually to greet the participants. Approximately 40 individuals participated.

The Englewood Advisory Council will meet on June 18th.

Food as Medicine

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through May 19, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 259 visits to 13 CCH health centers – Arlington Heights, Austin, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, North Riverside, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 33,847 individuals, representing 112,381 household members, totaling more than 685,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The GCFD has also supplied CCH's Integrated Care Department with shelf stable food boxes for care coordinators to provide to food insecure patients. Patients who receive these boxes are also advised to apply for SNAP and provided with information to connect with their local food pantry, school meal distribution site, or other local resources in their community. CCH is grateful for GCFD's partnership and committed to addressing food insecurity among CCH patients and Cook County residents.

Legislative Update

- At the May 21, 2020 Cook County Board meeting Commissioners considered a Resolution directing the Cook County Department of Public Health to share addresses where of COVID+ individuals are residing with municipal first responders in suburban Cook County. Despite strong testimony from Dr. Rachel Rubin (CCDPH) and impassioned remarks from President Preckwinkle, both in opposition, the Resolution was approved by the County Board with a vote of 9-yea, 7-nay, 1-present.

On May 26 , 2020 President Preckwinkle vetoed the Resolution. In the veto message, President Preckwinkle stated, ““Our continued goal should be to support and listen to our public health experts and continue to work with our federal and state partners to utilize universal precautions in order to help protect our first responders and law enforcement partners, I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our public health experts.”

State

- The Illinois General Assembly returned to Springfield for a special session scheduled for May 20-22, but the House and Senate went into overtime session and adjourned May 24. The special session was limited to legislation focused on following issues:
 - COVID-19 pandemic or other disasters
 - State budget and its implementation
 - Economic recovery, infrastructure projects, and funding
 - Explanation, arguments for and against, and the form for constitutional amendments as required under the Illinois Constitutional Amendment Act
 - Laws or authority scheduled to be repealed prior to June 1, 2021
 - 2020 General Election and the State Board of Elections
 - Hospital assessment program

The House and Senate passed a \$41.5B FY2021 state budget considered to be mostly “flat” when compared to FY2020. The FY2021 budget relies on a \$5B loan from the federal government, as well as additional grants/relief dollars from future federal COVID-19 legislation; without these funds or absent additional revenue, cuts will be necessary before the end of FY2021.

The FY2021 budget (SB264) does not include any Medicaid provider rate reductions or eligibility cuts. In fact, HB357, also referred to as the Budget Implementation Bill (BIMP), includes language that allows HFS to cover adults 65 years or older, regardless of immigration status, as long as they meet the same eligibility criteria applied to those traditionally eligible for this coverage.

Other notable legislation approved by both chambers include a gaming bill that lowers tax rates on a future Chicago casino (SB516), authorization of a process to automatically send applications to request mail in ballots for the November 2020 to persons who voted by mail in previous elections and makes Election Day a holiday for public schools (SB1863), and codification of the revised hospital assessment program (SB2541).

Legislators did not take action on bills that would have allowed remote voting by members of the Illinois General Assembly, provided authority to the Illinois State Police to cite businesses that refuse to follow the Governor’s stay-at-home orders (currently the only enforcement mechanism is for the Illinois Department of Public Health to revoke a business license), or offered temporary financial relief to renters and homeowners.

The Illinois General Assembly is not scheduled to return to Springfield until the Fall Veto Session, currently scheduled for November 17-19 and Decmeber 1-3.

- Federal CMS approved the emergency [State Plan Amendment \(SPA\) submitted by HFS](#) that implements presumptive eligibility (PE) for most adults (PE for the AABD population is included in the 1115 waiver

application), covers COVID-19 testing for the uninsured without regards to income, eliminates asset tests for AABD Medicaid applicants, and increases Medicaid reimbursement rates for some providers. The changes were retroactive to March 1, 2020 and concluded at the end of the federal public health emergency period.

- [HFS issued a provider notice](#) announcing a delay in the implementation of Integrated Health Homes (IHHs) to January 1, 2021, which were originally scheduled to start July 1, 2020. IHHs will provide enhanced coordination for persons with behavioral health needs.
- In response to the COVID-19 pandemic, the Illinois Department of Healthcare and Family Services (HFS) filed a number of waivers and requests to the federal government to seek flexibility and regulatory relief from traditional Medicaid and Medicare rules.

HFS received [partial federal approval on March 27 for an 1135 waiver](#) that provides regulatory relief and flexibility during the period of the public health emergency. HFS received approval for their [Home and Community Based 1915\(c\) Waiver Appendix K submission](#) on May 12. A response is [pending for the 1115 waiver](#) filed on March 27.

Federal

- In late April and May Congress continued to focus on coronavirus relief, including considering new legislation. Meanwhile the Administration ramped up implementation of the first three COVID-19 related bills enacted, including releasing significant funding appropriated in the CARES Act.

The Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)

On Apr. 24, 2020, President Trump signed this fourth coronavirus relief bill into law. The relatively narrow “interim” bill replenished funding for the popular Small Business Administration’s (SBA’s) Paycheck Protection Program (PPP) with \$321 billion. Additionally, the bill appropriated another \$75 billion for the Public Health and Social Services Emergency Fund to be disbursed to health care providers for expenses or lost revenues attributable to the coronavirus. It also provided \$25 billion to develop, purchase, administer, process, and analyze tests for COVID-19. Of this, \$11 billion was set aside for state and local public health departments. The Illinois Department of Public Health will receive \$286,317,362 and they will distribute funds to the local health departments throughout the state.

HHS Allocation of CARES Act Provider Relief Funds

In April HHS began to distribute CARES Act Provider Relief Funds.

- The first tranche of \$30 billion was distributed proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. The Administration acknowledged that this would disadvantage some providers but said that they adopted this approach to get money out the door as soon as possible.
- The second tranche of \$20 billion went out based on providers' share of net patient revenue.

Targeted distributions were made to rural hospitals and high impact hospitals (“hot spot”). A tranche of \$12 billion was distributed to 336 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020. \$10 billion was allocated based on a fixed amount per COVID-19 inpatient admission. The remaining \$2 billion was distributed on a hospital’s portion of Medicare Disproportionate Share Hospital (DSH) payments and Medicare Uncompensated Care Payments (UCP).

Cook County has worked with advocates for similarly situated counties, to request that HHS direct subsequent tranches from the Provider Relief Fund to public hospitals and other safety net providers that serve large numbers of Medicaid and uninsured patients, potentially based on Medicaid DSH allocations.

In late April state Medicaid directors met with CMS to make the case that Medicaid providers were being left out. CMS subsequently called for states to submit provider-level Medicaid payment data for 2018 and 2019 by May 7. To date CMS has made no further announcements, but we believe the payment data will inform Provider Relief Fund distributions to support Medicaid providers.

- **The Health and Economic Recovery Omnibus Solutions Act, the “HEROES Act” (H.R. 6800)**

On May 15 the House of Representatives passed the HEROES Act by a vote of 208-199, largely divided on party lines. The previous four coronavirus response bills all passed with overwhelming bipartisan majorities. While Senate Republicans have said the bill is dead on arrival in the upper chamber, it can be viewed as an opening bid from House Democrats, outlining their priorities. Administration officials have expressed concern that more relief will create disincentives for states and localities to “reopen their economies.”

The bill includes a number of CCH priorities as well as items of potential interest. The HEROES Act would increase the state Medicaid federal match, or federal medical assistance percentage (FMAP) by a total of 14 percentage points starting July 1, 2020 through June 30, 2021 and would block HHS from finalizing the Medicaid Fiscal Accountability Regulation (MFAR) until the end of the COVID-19 public health emergency.

The HEROES Act includes other provisions of interest:

- The bill would provide Medicaid eligibility to incarcerated individuals 30 days prior to their release.
- Health Resources and Services Administration (HRSA) would receive \$7.6 billion to support expanded health care services for underserved populations, including \$10 million to Ryan White HIV/AIDS clinics to support extended operational hours, increased staffing hours, additional equipment, and additional home delivered meals and transportation needs of clients, whose underlying immunosuppression puts them at greater risk for COVID-19 complications.
- The Public Health and Social Services Emergency Fund would receive an additional \$175 billion to reimburse for health care related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID19, including:
 - \$100 billion would go to grants for hospitals and health care providers; and
 - \$75 billion would be allocated for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19.
- The bill would codify the CARES Act health care provider relief fund and provide a methodology for reimbursing eligible health care providers for expenses related to preventing, preparing for, and responding to COVID-19, as well as lost revenues that have resulted from the COVID-19 pandemic.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) would receive \$3 billion to increase mental health support, to support substance abuse treatment, and to offer increased outreach, including:
 - \$1.5 billion for the Substance Abuse Prevention and Treatment Block Grant;
 - \$1 billion for the Community Mental Health Services Block Grant;
 - \$100 million for services to homeless individuals; and
 - \$265 million for emergency response grants to address immediate behavioral health needs as a result of COVID-19;
- The bill would temporarily increase Medicaid disproportionate share hospital (DSH) allotments by 2.5 percent.

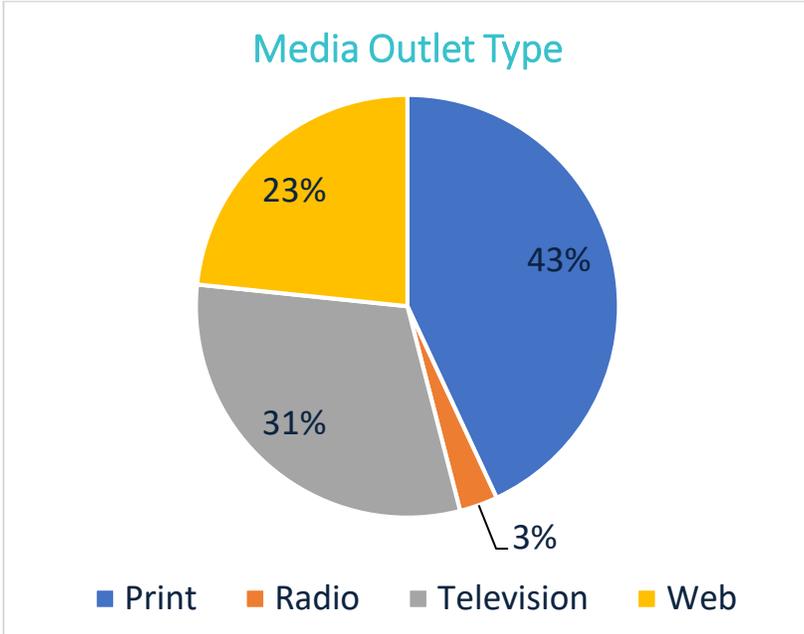
Protection of Medicaid remains a key priority for CCH at both the State and Federal level.

Media compilation and dashboard follow.

Cook County Health Media Compilation

April 29 – May 27, 2020

Total Number of Media Hits: 136



Top 5 Local Media Outlets:

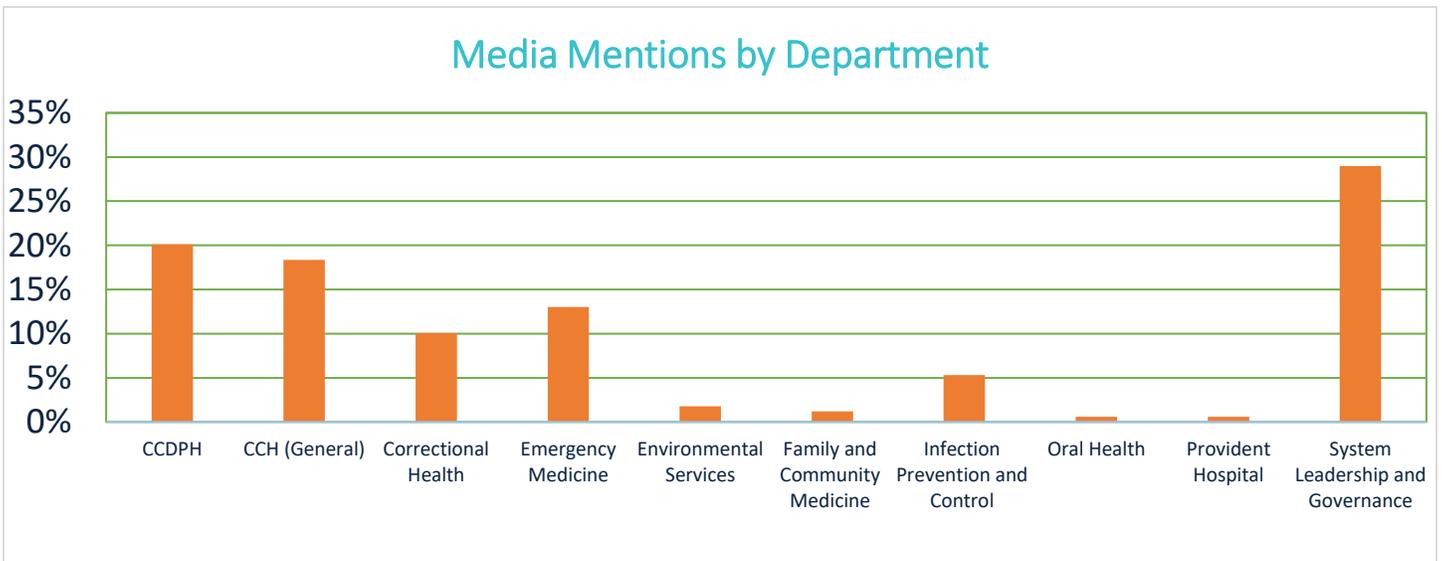
1. *Chicago Tribune*
2. *Chicago Sun-Times*
3. *ABC 7 Chicago*
4. *WGN 9 Chicago*
5. *Crain's Chicago Business*

Select National and International Media Outlets:

- *Fox News*
- *The Guardian*
- *MSN*
- *PBS*
- *ProPublica*
- *Reuters*
- *Yahoo News*

Common Topics:

- Cook County Health staff experiences on the front lines
- Containing the COVID-19 outbreak at Cook County Jail
- Sen. Dick Durbin touring CCH's COVID-19 testing facilities
- Honoring health care workers for National Hospital Week and National Nurses Week



'Sooner than later': Fears of a second wave as Americans ignore social distancing

May 27, 2020

Doctors are concerned the US could be seeing a deadly second wave of coronavirus "sooner rather than later" after crowds were seen violating social distancing rules while celebrating Memorial Day.

Americans excited about what for many was their first big break from coronavirus shutdowns flocked to beaches, outdoor areas, bars and pools over the long weekend.

However, startling images show not all appeared to be keeping a safe 1.8m social distance. Others could be seen foregoing a mask.

With the US surpassing 100,000 deaths on Wednesday (Australian time), according to WorldMeters, some health professionals are worried the grim milestone could only be the beginning.

"We are going to see another surge and we're going to see that surge sooner than later if people do not maintain the appropriate public health guidance," Dr Rachel Rubin, with the Cook County Health Department, told ABC7 Chicago.

Dr Emily Landon with the University of Chicago Medicine told the publication the buzz of activity is essentially just "moving the virus around the country".

"The more we think it's OK for us to go to other cities and states, the more people from other states think it's going to be good to come to us," she said.

"Nothing has changed about the virus in the time that we've been spending at home.

"What is supposed to change is us, we are supposed to figure out how to exist with the virus."

Pool party sparks cluster

A restaurant copped a wave of backlash after hosting a crowded pool party soon after another pool party in a nearby state sparked a coronavirus cluster.

Video footage filmed on Saturday shows hundreds of people drinking and swimming at Backwater Jacks Bar & Grill at Osage Beach in Missouri while disregarding social distancing rules, St Louis station KMOV-TV reported.

The venue advertised the 'Zero Ducks Given Pool Party' on Facebook prior to the event, naming the featured DJs and claiming "extra precautions and safety measures" were taken to provide a safe environment.

Earlier several people who attended a high school pool party in close-by Arkansas tested positive for COVID-19.

"A high school swim party that I'm sure everybody thought was harmless. They're young, they're swimming, they're just having activity and positive cases resulted from that," the state's Governor Asa Hutchinson told CNN.

The governor told the publication Arkansas is now going through a “second peak”.



Coronavirus US: Doctor warns of 'another surge' after crowds ignore social distancing, mask guidelines over Memorial Day

May 26, 2020

Memorial Day weekend brought out large, non-social distancing crowds all over the country - almost as if the coronavirus pandemic doesn't exist.

From Alabama to Missouri to our neighboring states of Wisconsin and Indiana, pools, beaches and bars opened up with a vengeance.

"We are going to see another surge and we're going to see that surge sooner than later if people do not maintain the appropriate public health guidance," said Dr. Rachel Rubin, Cook County Health Dept.

Guidance like wearing masks and social distancing appeared to be ignored in Lake Geneva over weekend, where many Illinois residents spent their holiday.

"The more we think it's OK for us to go to other cities and states, the more people from other states think it's going to be good to come to us," said Dr. Emily Landon, University of Chicago Medicine. "It's just more moving the virus around the country."

Infectious disease specialist Dr. Emily Landon urges people to use caution when considering summer vacations in other states or a staycation. If a beach is too crowded, Landon says to turn around and go home.

"Nothing has changed about the virus in the time that we've been spending at home," Dr. Landon said. "What is supposed to change is us, we are supposed to figure out how to exist with the virus."

Mayor Lori Lightfoot said the lakefront will eventually open in Chicago later this summer, but she warns if crowds get too big, she'll shut the beaches down

Which is why the mayor makes no apologies for reopening Chicago in a slow and measured way.

"We are not going to undo all the hard work, all the sacrifice that people have little paid for with lives," Lightfoot said.

While the numbers have gone down, the pandemic is still here and doctors say all it takes is one carrier in a big crowd to become a super spreader.

Will Chicago's safety-net hospitals survive the pandemic?

May 26, 2020

A plan to combine four struggling hospitals that serve poor neighborhoods on Chicago's South Side collapsed after state legislators declined to help fund the merger.

As my colleague Stephanie Goldberg reported on Friday, money to help finance a merger of Advocate Trinity Hospital, Mercy Hospital & Medical Center, South Shore Hospital and St. Bernard Hospital was left out of hospital funding legislation. The hospitals responded by scrapping the plan.

"After carefully evaluating the eleventh-hour shift in the legislation establishing the Hospital Transformation Fund, we have determined that we see no path forward for our project that would transform health care on the South Side and help address disparities in health for the patients we serve," leaders of the four hospitals wrote Tuesday in a letter to Theresa Eagleson, director of the Illinois Department of Healthcare & Family Services.

The hospitals were hoping Springfield would contribute a substantial share of the \$1.1 billion cost of their ambitious consolidation plan, which included one or more new hospitals and the possible closure of existing facilities. With backing from DHS, the deal appeared to have momentum going into the Spring legislative session. But key lawmakers balked at a lack of specifics about hot button issues such as which existing hospitals would close, and where various services would be provided after the hospitals merge.

"We should be sure what the results are going to be before spending government money on this level—hundreds of millions of dollars. We should be able to say, 'This project will do this,'" said State Rep. Marcus Evans (D-Chicago).

Merger advocates can be faulted for submitting a plan without details any lawmaker would want to know before committing taxpayer dollars to the project—like which neighborhoods would lose an old hospital and which areas would get a new one. But politicians shouldn't lose sight of the broader goal of creating a strong, sustainable health care system for Chicago's most vulnerable residents.

For decades, these Chicagoans have depended on a patchwork of underfunded "safety net hospitals," that strains to meet their needs during normal times. The coronavirus pandemic has laid bare the inadequacy of this system. Safety net hospitals are bearing the brunt of the outbreak, because they serve populations hit harder by the disease. At one point, county-operated Provident Hospital in Bronzeville had to close its emergency room for two weeks when it became impossible to maintain proper social distancing amid the crush of COVID-19 patients.

Eventually, the pandemic will end. Whether all the city's safety-net hospitals will survive it remains to be seen. What's clear is that all the underlying pathologies that keep these hospitals teetering on the financial brink will persist.

Safety net hospitals provide care to large numbers of people with chronic health conditions such as diabetes and hypertension. Complications of those conditions often require expensive medical procedures. But patients at safety net hospitals are more likely to rely on Medicaid coverage, which pays hospitals less than Medicare and private health insurance.

That generates gushers of red ink. Losses at the four hospitals ranged from \$1.3 million at South Shore to \$68.3 million at Mercy in 2018, according to Modern Health Care Metrics.

"We can't meet the community's needs on our own," Mercy CEO Carol Schneider said when the proposed deal was announced in January. "Our current state is not sustainable and the people in our communities truly deserve this transformative approach."

The now-scuttled merger aimed to stem losses by eliminating redundant overhead and creating economies of scale. A combined operation might have had enough bargaining power to negotiate better pricing from suppliers and insurers. And by pooling resources, the hospitals might also have been able to finance new facilities.

"We recognize that it doesn't make sense to keep pouring millions of dollars into these aging, outmoded, out-of-date health care facilities," St. Bernard CEO Charles Holland, Jr. said in January.

The plan went beyond economic efficiencies, aiming to transform the way health care is delivered in South Side communities. In addition to building at least one new hospital, planners envisioned up to six community health centers that would have provided preventative care and address social determinants of health.

Sure, there was plenty of murkiness surrounding the plan. But one thing remains blindingly clear: Chicago needs a comprehensive plan to ensure high-quality health care for its poorest residents. If legislators are going to block an attempt to accomplish that goal, they should offer a better idea.

Chicago Tribune

Cook County Board President Toni Preckwinkle vetoes 'extraordinarily bad' plan to share coronavirus-positive addresses with first responders, a first in her tenure

May 26, 2020

In the first veto of her administration, Cook County Board President Toni Preckwinkle on Tuesday moved to block a resolution to share addresses of COVID-19 individuals with 911 dispatchers, the latest blow to a controversial practice at the center of a debate on protecting first responders at the cost of individuals' civil liberties.

Cook County Board members narrowly approved the resolution, which only applies to suburban Cook County, last week following a heated discussion about the effects of the measure on black and Latino communities. While the resolution was only a recommendation, the Cook County Department of Public Health had said it will follow the address-sharing practice because of Preckwinkle's instructions.

Then in a reversal on Tuesday, Preckwinkle issued a veto, which requires three-fifths of the board's vote to override. But since the resolution only passed with a 9-7 vote last week, it is likely killed.

"That's terrible public policy," Preckwinkle said in a Tuesday interview. "I can't remember anything in the course of the last 10 years that I felt strongly enough to veto. ... The idea that in the midst of this pandemic, we would pursue a course of action, which I think it's extraordinarily bad public policy, was not something I was willing to accept."

During a call with reporters Thursday, Preckwinkle had taken a lighter stance, saying the Cook County Department of Public Health will comply because "this is a legislative process, and I respect that legislative process."

Commissioner Scott Britton, D-Glenview, who introduced the resolution, said he will let the veto stand.

"While I am disappointed the president vetoed, the president and I want to protect our first responders and we will work together on making sure they have all the (personal protective equipment) they need going forward," Britton wrote in a Tuesday statement.

Britton said last week the limits of the resolution, which expires in 60 days and only shares addresses, not names, will ensure there will be no government overreach. **CCDPH co-administrator Dr. Rachel Rubin retorted the resolution could backfire, as there are scores of residents who may have not sought testing because they are asymptomatic.**

Rubin echoed Preckwinkle's ire for the resolution Tuesday, adding she was blindsided that nine commissioners approved it.

"I wasn't quite sure what to expect," Rubin said. "I was surprised at the vote and very disappointed."

In her veto announcement, Preckwinkle reiterated her points made last week when she said she was "profoundly disappointed" the resolution passed because she believed it would contribute to the systemic racism that black and Latino communities suffer.

Preckwinkle also said the resolution violates people's privacy, harking back to the stigma of the HIV/AIDS epidemic as well as the ongoing fears that immigrants living in the country without legal permission face when it comes to interactions with law enforcement. The potential for first responders to harass individuals and other concerns may lead to less testing as well, Preckwinkle said.

"I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our public health experts, including the advice provided by CCDPH's medical expert, Dr. Rachel Rubin," Preckwinkle wrote in her veto memo.

Although commissioner Larry Suffredin, D-Evanston, voted yes, he said Tuesday he accepts that the resolution is defeated. Now, Suffredin said, he has to focus on the dearth of PPE that he and other commissioners cited when talking about the need for providing addresses to first responders.

"It is what it is," Suffredin said. "We're in the middle of a pandemic. You don't fight battles that you can't win. You deal with what you can do to help make people safer. This will stand."

Preckwinkle defended the county's distribution of PPE on Tuesday, saying the Department of Emergency Management and Regional Security's Emergency Operations Center has been passing out supplies to suburban first responders from the beginning. But she said President Donald Trump's administration has hampered those efforts.

"As a result of not just the pandemic, which is a catastrophe, but the chaotic and inept and — I'm running out of adjectives — response of the federal government has been really disturbing and has I'm sure contributed to the magnitude of the crisis that we face," Preckwinkle said.

The resolution also drew admonishment from Chicago Mayor Lori Lightfoot, who said commissioners "voted to capitulate to ignorance and bigotry" in a tweet last week promising the city would never follow suit.

Much of the last week's board meeting's public comment section centered around the address-sharing resolution, with suburban villages, police departments and fire departments urging the practice amid PPE shortages, and dozens of individuals and civil rights groups, including the Illinois chapter of the American Civil Liberties Union, saying it would lead to harm.

"We laud Cook County Board President Toni Preckwinkle's veto today — elevating long-term public health concerns over a short-term false sense of security," ACLU of Illinois Executive Director Colleen Connell said in a statement. "By creating lists of those who test positive to share with law enforcement and other first responders, the county may have discouraged many in Cook County from seeking testing and treatment. This fear will be especially pronounced in communities of color."

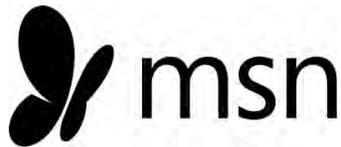
Riverside police Chief Tom Weitzel said he was "shocked" at the veto because he feels address-sharing is necessary given past PPE shortages — a nightmare he fears will return without a vaccine available. Although the department now has safe reserves of PPE, Weitzel once had to borrow from the Riverside Fire Department, he said.

"She made this big swipe across all law enforcement," Weitzel said about Preckwinkle's remarks that law enforcement may abuse the data. "This veto is the first in her history as long as she's been president, and that speaks volumes."

The emotional toll of responding to a known coronavirus location is also heftier than the public realizes, Weitzel said, and any information can help prepare officers.

"Most police officers would rather respond to an armed robbery or a barricade situation because they trained and they know what's in front of them," Weitzel said. "This situation is a virus you can't see, you can't smell. You don't know if it's there."

However, there is still a possibility that address-sharing supporters could see victory in the courts. Although a northwest suburban 911 dispatch system failed in its bid to force Cook County to share addresses of coronavirus patients after a judge denied its temporary restraining order, the village of Lincolnwood was granted a motion to intervene. The judge set another hearing for early June.



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Return to sender? Preckwinkle vetoes plan to give first responders COVID-19 addresses: ‘This didn’t make any sense’

May 26, 2020

Just days after rare defiance from the Cook County Board, Toni Preckwinkle on Tuesday issued her first veto in ten years as board president, nixing a resolution that would provide the addresses of COVID-19 positive patients to first responders in suburban Cook County.

The Hyde Park Democrat said she never expected the resolution to pass and decided over the weekend to veto it. Its impact on the county’s black and brown communities — as well as warnings from public health officials — drove her decision.

“We have to listen to the people whose job it is to protect us in these times of crisis ... and they have been quite clear from the very beginning that this didn’t make any sense from a public health perspective,” she said.

Her veto sparked applause from the American Civil Liberties Union and disappointment from Democratic commissioner who sponsored the ordinance.

When the measure passed last Thursday over her objections, Preckwinkle said she was “profoundly disappointed.”

The resolution, titled Share Addresses for Emergencies with First Responders, would have provided first responders in the jurisdiction of the county’s Department of Public Health access only to the addresses of those who’ve tested positive for the deadly virus. That area includes 127 municipalities and 2.5 million residents.

Preckwinkle cited conversations with the county’s health department and its decision to follow guidelines from the Illinois Department of Public Health as part of her reasoning to veto the measure, which the 17-member County Board passed with bipartisan support.

“As we struggle with the pandemic, it’s been catastrophic for our country. ... We can’t just give in to our fears,” Preckwinkle said.

The measure sparked debate over protecting police officers, firefighters, paramedics and other first responders against the need to protect the public’s right to privacy.

Cook County Commissioner Scott Britton, who sponsored the measure, said Tuesday he was “disappointed” by the veto but he doesn’t plan to fight it.

“I think the thing we have to try to do right now is try to get all of the [personal protective equipment] to our first responders that we possibly can so that they’re protected,” Britton said. “I think that’s going to be the emphasis of what we do going forward.”

Last week, the Glenview Democrat acknowledged the “civil rights issues that are raised” by the resolution. At the time, Britton said he’d like to be able to say “that we don’t have to worry about overreach by the government, that we don’t

have to worry about inherent racism in the system.” He couldn’t do that, but argued that the resolution provides some limits.

For Preckwinkle, that acknowledgement didn’t go far enough.

“I don’t see how anyone who understands the endemic nature of racism in this country and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination and endemic racism,” Preckwinkle said last week, unsuccessfully urging commissioners to vote against the measure. “So for those reasons, there’s no way . . . that I would encourage anyone to support [the resolution.]”

Despite the plea, seven Democratic commissioners and the board’s two Republicans voted for the measure. Seven Democrats voted against it; one voted present.



Cook County Board President Toni Preckwinkle Vetoes Plan To Release Addresses Of Confirmed COVID-19 Patients To First Responders

May 26, 2020

In her first veto since taking office, Cook County Board President Toni Preckwinkle has vetoed a resolution that would have required public health officials to share the addresses of confirmed coronavirus patients with first responders in suburban Cook County.

The resolution approved by the Cook County Board of Commissioners last week would have required the Cook County Department of Public Health to disclose the addresses of COVID-19 patients with 911 dispatchers in suburban Cook County for the next 60 days.

At the time of the 9-7 vote, Preckwinkle said she was “profoundly disappointed.”

Tuesday morning, Preckwinkle issued her first veto since taking office in 2010 to block the resolution. It would take 11 votes to override her veto.

“I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our public health experts, including the advice provided by CCDPH’s medical expert, Dr. Rachel Rubin,” Preckwinkle wrote in her veto message.

Rubin had advised the board not to approve the measure.

“Every individual that a first responder comes in contact with, you should assume that they are positive,” said Rubin. “From a health standpoint this is basically not good practice.”

Preckwinkle said the Illinois Department of Public Health also has advised that sharing such information with first responders has limited value in slowing the spread of COVID-19, and instead recommends first responders take appropriate protective precautions when responding to any calls.

“Our continued goal should be to support and listen to our public health experts and continue to work with our federal and State partners to utilize universal precautions in order to help protect our first responders and law enforcement partners,” Preckwinkle wrote in her veto message.

The ACLU of Illinois applauded Preckwinkle’s veto, after having expressed concerns the resolution could discourage people from seeking testing and treatment for the virus, out of fear of being put on a law enforcement list.

“Because of a lack of adequate testing, first responders should approach every call with the notion that everyone is positive for the virus. Relying on testing as the only metric ignores the reality that the virus can be spread by those who are asymptomatic and that those tested positive and were treated may no longer spread the disease,” ACLU of Illinois executive director Colleen Connell said in a statement. “Most important, by creating lists of those who test positive to share with law enforcement and other first responders, the County may have discouraged many in Cook County from

seeking testing and treatment. This fear will be especially pronounced in communities of color, the very populations that are being affected the most directly by COVID-19.”

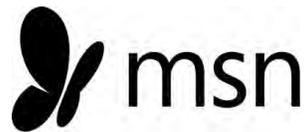
The resolution would not have impacted the city of Chicago, but Mayor Lori Lightfoot expressed her disapproval in a series of tweets last week.

“This allows local law enforcement to maintain databases of those impacted by this horrible virus, under the cynical guise of public safety,” Lightfoot wrote. “We will never allow this to become law in Chicago, just as we will never allow people to be stigmatized and put at risk for being denied services or seeking assistance and support. This is a terrible decision. The people responsible should be ashamed and the rest of us outraged.”

Hazel Crest Police Chief Mitchell Davis, who is also president of the South Suburban Association of Chiefs of Police, which represents about 70 municipalities, last week said he was “kind of blindsided by the opposition” to the resolution.

He said it’s impractical for first responders to be wearing full personal protective gear to every call, and they’re just looking as much information as possible. But there are people who weren’t ever tested or are asymptomatic who won’t be on the list.

“No intel is going to be 100%,” said Davis. “It’s not about targeting anybody. It’s not about doing anything like that. It’s totally about giving our officers as much information as we possibly can to make sure that we’re allowing them to be safe.”



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Illinois coronavirus: Cook County Board president scuttles plan to notify first responders of COVID-19 case addresses

May 26, 2020

In a major turnaround for a COVID-19 procedure that the I-Team has been looking into for weeks, Cook County Board President Toni Preckwinkle vetoed a resolution that would have provided all first responders with the addresses of coronavirus patients.

When the plan passed on Thursday, Preckwinkle said she was "profoundly disappointed." Now, four days later, for the first time in her nearly 10 years as county president, she used her veto powers.

"Law enforcement, God bless them, are not public health officials," President Preckwinkle told the I-Team, saying that first responders would have had a false sense of security because not everyone who's infected has been tested.

During last week's virtual county board meeting the resolution narrowly passed-requiring health officials to provide first responders with the addresses of all COVID-positive patients.

"I had a lot of first responders reach out to me," said Cook County Commissioner Scott Britton. He sponsored the resolution.

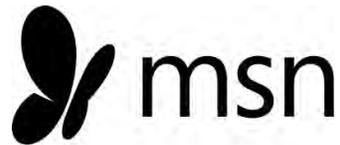
"We have 35 states that provide these addresses. So, I know that we've said that Cook County Health does not believe that this is a good idea, I have a lot of respect for them. But, there are other people on the other side of this issue who have just as much of experience who say it is safe and necessary," Commissioner Britton told the I-Team.

There are more than 73,000 known COVID-19 cases in Chicago and Cook County. County health officials say there are thousands more who have coronavirus but have no symptoms and haven't been tested, potentially up to 100 times more people than the known number.

President Preckwinkle and top Cook County health officials are concerned both about potential stigmatizing of minority communities that have already been hit hard by the virus and about creating a false sense of security if first responders were notified of certain addresses when the actual number of infected locations may be much greater.

"This is targeting individual homes and there's privacy concerns with that as well as discrimination that goes on in certain communities and so we know that this kind of policy could exacerbate those discriminatory structures that occur in our black and brown communities," said Dr. Rachel Rubin, Cook County Department of Public Health.

"The challenge is not focusing on the mostly black and brown communities where the virus has been particularly virulent but trying to make sure that our first responders are protected whenever they go out. They should assume that whatever home they visit is a possible site where a person may have COVID-19," President Preckwinkle told the I-Team.



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Preckwinkle Issues Veto Of Resolution To Share Addresses Of COVID-Positive Individuals With First Responders

May 26, 2020

Cook County Board President Toni Preckwinkle issued a veto Tuesday striking down the Cook County Board resolution that would provide addresses of COVID-19 positive patients to first responders in Cook County Department of Public Health's jurisdiction of suburban Cook County, which includes 127 municipalities and 2.5 million residents.

Tuesday's veto marks the first veto action taken by President Preckwinkle in her tenure as Cook County Board President dating back to 2010.

"We must rely on data and science to drive our decision-making while also encouraging first responders to take the same precautions they would going into any home," President Preckwinkle said.

On May 21, 2020, the Cook County Board of Commissioners narrowly passed Item No. 20-2378, that calls for Cook County Department of Public Health to temporarily share addresses of COVID-19 positive patients to municipal first responders through Public Safety Answering Point ("PSAP") dispatch systems.

During the May 21 board meeting, President Preckwinkle responded to the vote calling it "discouraging and dismaying" to not listen to Cook County and State health experts who opposed the measure.

As stated in the veto message, the Illinois Department of Public Health (IDPH) has indicated that providing first responders and law enforcement with the "identity of positive COVID-19 cases has limited epidemiologic and infection control value and IDPH does not recommend notification to law enforcement of individuals who have tested positive for COVID-19."

Rather, IDPH recommends that first responders and law enforcement take appropriate protective precautions when responding to all calls.

In Tuesday's veto, President Preckwinkle writes:

As the President of the Board and the Cook County Board of Public Health this veto is imperative because CCDPH has already considered and balanced the need to release appropriate information against the individuals' strong and legitimate privacy expectations. Included among the privacy concerns CCDPH considers when releasing personal health information ("PHI") in the context of communicable diseases generally, and specifically in the context of what information to release regarding COVID-19, are:

- The potential stigma that individuals or groups may face because of their diagnosis. A classic example of this was the HIV/AIDS epidemic, in which overcoming stigma through public education and awareness was a major part of public health officials' battle;
- The potential for individual harassment;

- The potential that information may be used by law enforcement to identify and target undocumented persons;

The fact that such an approach tends to discourage individuals from coming forward to receive testing and treatment. Additionally, CCDPH has advised that current data indicates COVID-19 is disproportionately impacting black and brown communities.

“I don't see how anyone who understands the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination,” Preckwinkle added during last week’s board meeting.

Black and Latinx residents are most at risk for severe illness and death from COVID-19, according to data provided by CCDPH. Cook County is seeing 3.5 times as many positive cases among Latinx residents, and almost 3 times as many positive cases among black residents, than our non-Hispanic white residents, according to CCDPH data.

“Our continued goal should be to support and listen to our public health experts and continue to work with our federal and state partners to utilize universal precautions in order to help protect our first responders and law enforcement partners,” Preckwinkle said in Tuesday’s veto. “I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our public health experts.”



ACLU Applauds President Preckwinkle’s Veto Of Cook County Board Resolution Forcing The Release Of Private Medical Information

May 26, 2020

The below statement can be attributed to Colleen Connell, Executive Director, ACLU of Illinois:

“We laud Cook County Board President Toni Preckwinkle’s veto today – elevating long-term public health concerns over a short-term false sense of security. President Preckwinkle today embraced the guidance of County public health experts, rejecting a proposal approved last week to release private medical information about positive COVID-19 tests to law enforcement and other first responders.

The policy adopted by a narrow majority of the County Board endangered both first responders and all County residents. Because of a lack of adequate testing, first responders should approach every call with the notion that everyone is positive for the virus. Relying on testing as the only metric ignores the reality that the virus can be spread by those who are asymptomatic and that those tested positive and were treated may no longer spread the disease.

Most important, by creating lists of those who test positive to share with law enforcement and other first responders, the County may have discouraged many in Cook County from seeking testing and treatment. This fear will be especially pronounced in communities of color, the very populations that are being affected the most directly by COVID-19.

President Preckwinkle’s veto recognizes that a basic tenet of public health policy is adopting policies that encourage everyone to seek treatment during a pandemic, not discourage participation. Protecting private medical information is the type of policy that will encourage testing and treatment. We appreciate that President Preckwinkle recognized this reality.”

Preckwinkle denies release of COVID-19 patient addresses to dispatchers

May 26, 2020

In her first exercise of the veto pen, Cook County Board President Toni Preckwinkle on Tuesday overruled county board commissioners by rejecting a measure to release the addresses of confirmed COVID-19 patients to suburban 911 dispatchers.

Preckwinkle issued the veto after the county board's close 9-7 vote, with one commissioner voting present, last Thursday to disclose the information following a debate over how to balance protections for first responders with the privacy and civil rights of individuals.

In issuing the veto, Preckwinkle said she was following guidance from county public health officials who advised against disclosure of the information.

"As a teacher by profession, I'm a firm believer in listening to the experts, and the experts in our Department of Public Health told us this was bad public policy," Preckwinkle said in an interview with the Daily Herald. "That's basically all I needed to hear."

The veto issued Tuesday morning is the first since Preckwinkle was elected county board president in 2010. The narrow vote by the board -- composed of 15 Democrats and two Republicans -- was also a rarity. After the vote, Preckwinkle initially told reporters that the health department would comply with the board's direction, despite her objections.

In her four-page veto message, Preckwinkle listed various privacy concerns, including the potential stigma that individuals or groups may face because of their diagnosis, similar to what patients experienced during the HIV/AIDS epidemic; the potential for individual harassment; potential that information may be used by law enforcement to identify and target undocumented persons; and that such an approach could discourage people from getting testing and treatment.

Echoing her health department brass, Preckwinkle said providing the addresses would give first responders a false sense of security.

But supporters of the resolution are sympathetic to the concerns of suburban dispatchers, mayors, village managers, and police and fire chiefs, who said having the COVID-19 information would allow first responders to take added safety precautions before arriving on an emergency call.

The resolution was sponsored by Commissioner Scott Britton, whose District 14 includes many Northwest and North suburbs. It was approved nearly three weeks after a Cook County judge denied a request from the Arlington Heights-based Northwest Central Dispatch System for both names and addresses of those who have tested positive for the coronavirus.

Britton said Tuesday he won't pursue a veto override because he doesn't have the necessary three-fifths majority to do so. He said his primary focus now is making sure first responders get all the personal protective equipment they need.

"I felt I needed to carry the water for my first responders," said Britton, a former Glenview village trustee for 12 years. "I've dealt with folks like this -- the front-line men and women -- and I know how hard they work and know there's so much concern for getting infected.

"I wanted to do this for them. I did my best."

Britton added that he is also sympathetic to privacy concerns.

Preckwinkle's decision was lauded by groups who pushed her to exercise the veto authority, including Equality Illinois and the ACLU of Illinois.

"President Preckwinkle's veto recognizes that a basic tenet of public health policy is adopting policies that encourage everyone to seek treatment during a pandemic, not discourage participation," Colleen Connell, executive director of the ACLU of Illinois, said in a statement. "Protecting private medical information is the type of policy that will encourage testing and treatment."

Preckwinkle said Tuesday she didn't issue the veto to bow to either legal or political pressure. Chicago Mayor Lori Lightfoot on Twitter last week lambasted county commissioners who voted for the resolution, which would have applied to the suburbs only.

"Actually I had a conversation with the mayor about her tweet," Preckwinkle said of her formal mayoral rival, with whom she has often clashed. "It was a difficult conversation with the mayor about her tweet.

"I made the decision that I thought was right."



County Board President Vetoes Release Of COVID-19 Patients' Addresses

May 26, 2020

In her first veto since taking office, Cook County Board President Toni Preckwinkle has vetoed a resolution that would have required public health officials to share the addresses of confirmed coronavirus patients with first responders in suburban Cook County.

The resolution approved by the Cook County Board of Commissioners last week would have required the Cook County Department of Public Health to disclose the addresses of COVID-19 patients with 911 dispatchers in suburban Cook County for the next 60 days. At the time of the 9-7 vote, Preckwinkle said she was "profoundly disappointed."

The Washington Times

Cook County president blocks measure to give first responders access to COVID-19 patient addresses

May 26, 2020

The top official in the county surrounding Chicago blocked a resolution Tuesday that would have provided first responders with addresses of COVID-19 patients, saying the information would lead to increased discrimination against black and Latino communities.

Cook County Board President Toni Preckwinkle vetoed the measure, which the Board of Commissioners approved last week in a narrow 9-7 vote.

Ms. Preckwinkle said the measure unfairly stigmatized minorities.

“African Americans and members of the Latinx population may have a longstanding distrust of public health authorities, stemming from their previous experiences with the healthcare system,” she wrote in a letter to her fellow board members.

“Disclosure of personal health information may create an additional barrier to access healthcare, frustrating the Cook County Department of Public Health’s efforts to respond to the COVID-19 pandemic.” the letter continued.

Both the Illinois Department of Public Health and the Cook County Department of Public Health also opposed the measure on racial grounds. Ms. Preckwinkle cited their concerns as among the reasons for her veto.

“I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our public health experts,” she wrote.

It is the first time Ms. Preckwinkle used her veto power to block a resolution.

Black and Latino communities are at greatest risk for severe illness and death from coronavirus, according to statistics from the Cook County Department of Public Health.

Compared to white residents in the county, blacks have nearly four times the number of cases and Latinos have almost three times the number of cases.

Tom Weitzel, police chief in Riverside, Illinois, said Ms. Preckwinkle’s assertions of racism were a veiled shot against law enforcement and not factual.

“The veto by President Preckwinkle is absolutely a non-supportive statement against police, and for that matter for all public safety including police, fire, paramedic and dispatch personnel,” he said in a statement to The Washington Times. “This resolution was always about the safety of first responders and it always will be

Commissioner Scott Britton, who sponsored the measure, said he would not challenge the veto.

“While I am disappointed the president vetoed, the president and I want to protect our first responders and we will work together on making sure they have all the [personal protection equipment] they need going forward,” he said in a statement.

Coronavirus In Illinois: May 26, 2020

May 26, 2020

Illinois officials reported 113,195 cases of COVID-19, including 4,923 deaths, as of Tuesday afternoon. Worldwide, there were more than 5.6 million cases and more than 360,00 deaths as of Wednesday, according to Johns Hopkins University.

Read below for details on latest developments: Job cuts at MSI: more than 1,100 new cases; Northwestern and DePaul inch toward reopening; Cook County Board president vetoes measure to give COVID-19 patients' addresses to first responders; Chicago violence spikes despite stay-at-home order.

Preckwinkle vetoes measure to identify addresses of COVID-19 patients for first responders:

Cook County Board President Toni Preckwinkle has vetoed a resolution the board narrowly approved last week that recommended county public health officials give 911 dispatchers the addresses of suburban residents who have tested positive for COVID-19.

In a statement, Preckwinkle said this is the first time she has vetoed a measure during her decade leading county government. She cited privacy concerns for people who could be stigmatized, emphasizing that COVID-19 is disproportionately impacting people who are African American and Latino.

State and county public health officials have been against identifying people who have the new coronavirus, since so many who have COVID-19 either don't show symptoms or haven't been tested — including first responders themselves. Public health officials say police officers and firefighters should assume everyone has COVID-19 and wear protective gear to each call.

First responders, though, say that's unrealistic considering the global shortage of masks, gloves and other protective gear. They say knowing who has COVID-19 would make them safer when they respond to 911 calls.

Officials see signs COVID-19 is contained at Cook County Jail, while experts caution measures need to remain in place

May 26, 2020

Victoria Furlow took a step back so she could clearly see her patient sitting at her work station in the busy intake area of Cook County Jail.

In a calm and quiet voice, through her clear plastic face shield, Furlow, a paramedic by training who is regularly assigned to intake, told him to pick up the paper napkin on the desk next to him, in case he needed to sneeze.

"Hold your head back," Furlow continued as she steadied the long, thin white swab at his nose.

"You ready? You ready? It's going to be a little bit uncomfortable," she said. "Don't move. Don't flinch."

The patient let out a little gasp the further she pushed the swab, forcing her to stop for just a second or two.

"It's OK, it's OK," Furlow assured him. "Cover your mouth. Let me know when you ready, we can get the other side."

Seconds later it was done. Furlow thanked him.

COVID-19 tests are now standard during the intake process for all new detainees entering the jail, one of several measures that officials said has helped them turn a critical corner on the pandemic. As the virus took hold, it infected just over 700 inmates during a two-month period, including seven who died.

Two correctional officers have died, with hundreds also infected.

But Dr. Connie Mennella, who oversees medical care at the jail, told the Tribune testing data indicates the facility has moved beyond the stage of flattening the curve and into containment, with a positive test rate that is below 10%.

The news comes two months after the first public alarms sounded about the potential disaster of a major COVID-19 outbreak at the jail.

The reported turnaround has been challenged by a group of civil rights attorneys who have alleged the opposite in a federal court filing, saying jail officials failed to adequately respond to protect those in custody as the crisis overtook the sprawling, Southwest Side complex.

The suit will likely play out over some time.

But Mennella, Cook County Sheriff Tom Dart and their staff made clear that they are ready to answer the challenges. They have been working since January to respond to a rapidly moving health crisis that forced them to be just as nimble, they said, shifting inmate housing assignments to open single cells, opening long-shuttered buildings for medical care, and adapting testing practices to better understand where the virus was moving.

Furlow, a 19-year-veteran, was one of those at the front lines, armed with full PPE and her faith that health care is the work God wanted her to do — and that you don't back down when it gets tough.

"I have to admit the first day they said, you have to swab today I was terrified," Furlow said. "I believe in my God, and he says, 'Where's your faith?' There is always a risk. Somebody sneezes, now it's airborne. They cough, it's airborne. God has brought me through other things. He is going to bring me through this too."

Data and Testing

As of last week, fewer than 100 of the 4,000 detainees housed at Cook County Jail had tested positive and were in isolation for COVID-19, down from one-day totals of in early April of nearly 300.

Another key metric for jail and county health officials is the facility's test-positivity rate, which they said has fallen to 6% as testing at the jail as expanded to include both symptomatic and asymptomatic detainees.

"We're past flattening. We're in prevention and containment," said Mennella.

Mennella and staff at Cermak Health Care services had been monitoring health care alerts since January about the pending crisis. As soon as the first positive case was detected in Chicago on Jan. 24, jail and health officials started screening new detainees, isolating and masking anyone with flu-like symptoms.

At that point, testing was not available to anyone. And even when it first became available in March, tests had to be sent out to labs, taking up to two weeks to get results.

Today, testing is a main focus of intake, where detainees already get a full medical screening — including a chest X-ray — as part of Cermak's mission to be a community health care provider, Mennella said.

Incoming detainees to the jail are tested twice for COVID-19: when they first arrive and when they leave a mandatory 14-day receiving tier where they wait to make sure symptoms don't develop. Jail health officials also conducting contact tracing, Mennella said. If a detainee tests positive, their entire tier and any other tier they have been on is tested.

Mennella insisted, however, that testing is just one piece of responding to the virus.

"The key to this disease was monitoring — making sure if someone had a change in condition, making sure you got them to the right level of care," she said.

Expert epidemiologists said the data released by the county suggested that the spread of the highly infectious disease has slowed in the complex. But they cautioned that continued success hinged on both the population at the jail remaining down and the new measures staying in place.

"This is a decline in positivity and that is encouraging, and that does tell you that you are not in an expansion mode," said Dr. Chris Beyrer a professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health, who also specializes in infectious disease inside prisons. "These close settings are going to remain places where we have to be hyper-vigilant. ... It is fundamental to this virus: Population density is your enemy."

Meanwhile, the attorneys who have filed the lawsuit remain skeptical that strong enough measures are in place. Among their requests in the lawsuit is that the county provide more details on testing.

"We don't think this is a handled emergency in any sense," said Alexa Van Brunt, one of the lead attorneys.

'Bootcamp Covid Warriors'

A full city block east of the jail, across the boulevard of California Avenue, there is a large sign on a chain-link fence.

"Thank you CCSO staff for your unwavering sacrifice and commitment," it reads. "You are heroes."

In the wide, grassy area behind the fence there are rows of nondescript brown brick bureaucratic buildings, the so-called barracks area that was converted to care for those who would contract the virus.

The barracks, formerly used as a boot camp for the jail, opened March 16 after three days of round-the-clock work to ready the buildings.

A leaky roof was patched and temporary medical stations were set up in closets, carving out space for computer work stations, adhesive bandages and boxes of surgical masks and bright blue gloves. Medicine cabinets were rolled in, for not only drugs, but also the once highly coveted N95 masks.

Currently, there are 50 detainees housed there who have tested positive and have mild symptoms, and who continue to be monitored by nurses who work for the Cook County Health and Hospital System.

On a recent afternoon, a group of nurses and medical assistants, who have come on temporary assignment from all over the county, sat at a long conference table quietly tapping notes into laptops. A sign on the bulletin board read 'Bootcamp Covid Warriors 2020.'

It wasn't exactly easy to get staff to agree to come work in the jail. Fears about patients possibly being violent were only exacerbated by news reports of high COVID-19 numbers.

Shanna Benson, a medical assistant who has been working in the barracks since March 30, said she felt compelled to go to the jail after hearing that not a lot of medical staff was stepping up.

"I felt like, we are public servants," she said, leaning against the wall. "That was reminding me to step up and do my role."

Outside the barracks, a gym normally used for programming such as drum circles and photography classes was filled with 128 cots and temporary beds. And there were three sand-colored tents, each with about 20 cots marked with the Cook County seal.

But on a recent day, all the rooms were all empty. As it turned out, they were never needed.

'Like Tetris'

Back in February, no one was sure what to expect at the jail, including Sheriff Dart.

Major preparation began in late February and early March, officials said. Meanwhile, a coordinated effort to reduce the jail's population of 5,700 was underway in the courts through expedited bond reduction hearings and a decision by Cook County State's Attorney Kim Foxx to not prosecute low-level drug crimes.

The population started dropping, giving officials more room to work with.

Newly arrived detainees, potentially bringing the virus into the jail, began to be housed apart from the general population in the receiving tiers to monitor potential symptoms. Officials had already started a massive assessment of the jail complex to see how they could shift and separate the population to allow for social distancing and create space for isolation and quarantine areas.

“It’s like Tetris,” said Dr. Jane Gubser, the assistant executive director of programs at the sheriff’s department said, referring to the tile-shifting computer puzzle game, as she walked through the jail’s buildings on a recent day.

Before relocating a detainee or changing a tier’s population, Gubser said staff had to consider existing placement considerations, including any security concerns and mental- and medical-health needs.

In the end, the sheriff opened up 615,000 square feet of shuttered space, including eight buildings — some of which had been closed for three years.

In one tier, the population of a 38-person open-style dorm was halved so that detainees did not have to sleep immediately next to each other.

On a recent day, some detainees sat in close quarters, but officials stressed they can’t force them to remain apart or even wear the masks that are now supplied daily.

On a quarantine tier in Division 11, detainees were assigned to single cells, reducing the population from 48 to 24. Detainees are allowed, 12 at a time, into the common area in four-hour shifts, restricted to one person at each of the stainless steel tables anchored to the floor, which during the recent visit were streaked with white bleach.

A chess game, the pieces turned over, rested on one table. Detainees now play standing up and across from each other about a foot back from the table’s edge.

Dart and Cermak officials are very careful about how they describe the turnaround in the numbers. They will not call it a success. Or even say they are proud.

“We did a remarkable job in containing this, identifying it and treating it,” Dart said recently, hours after leaving a funeral for one of the correctional officers. “(But) when you are sitting there feeling happy about taking on something so horrible, you are still left very humbled by the fact that you lost two correctional officers and you had seven detainees die.”

Was it enough?

Since the onset of the pandemic, advocates and attorneys have called for mass releases, but they’ve also been highly critical of how much the county was doing to prevent the virus from spreading.

They’ve cited continued reports from inmates about unsanitary conditions and the impossibility of consistent social distancing.

After the lawsuit was filed last month in Chicago’s federal court, U.S. District Judge Matthew Kennelly entered an 87-page emergency order which mandated, among other things, social distancing measures, including banning double-inmate cells and group housing in most cases.

Despite the recent positive numbers reported by the county, attorneys were in federal court as recently as Thursday asking Kennelly to force officials to turn over more records to assure conditions were safe.

The lawsuit remains a sore point for Dart and other health leaders, who insist nearly all of the practices Kennelly demanded were already in motion.

Standing outside the barracks, Dart and Mennella reflected on what they said was nonstop planning and pivoting to respond to an evolving crisis, insisting there was always enough supplies.

And he scoffed at the idea that he was shorting anyone on supplies.

"A guy who is doing all of this is going to save a couple of bucks on a 6-cent bar of soap?" Dart asked.

Uncertain future

Outside a quarantine tier in Division 11, two glass doors open onto an open-air basketball court.

A random collection of disinfectant bottles lined the window sill on a recent day. A gentle breeze flowed as the sound of cars whizzed by on a nearby street.

Detainees were allowed outside to get some air, but the basketballs were still locked away, with much of the programming and activity inside the facility remaining at a standstill.

Jail officials said precautions must remain in effect to guard against a second-wave outbreak — especially with warmer days ahead and the jail population likely to spike as Chicago deals with its normal rise in gun violence.

Dart said he has one more living unit that can be opened, but it has fewer than 150 beds.

So the empty gym and emergency tents will remain ready. Detainees will continue to be held in receiver tiers when they arrive, making sure they don't develop symptoms.

And the COVID-19 testing at intake will continue — both the cringe-inducing swab and health information and advice about the virus that Furlow and other health care professionals try to weave into conversation with inmates.

"You have to talk to them and let them know the risk," said Furlow, who for now is separating herself from her own young daughter by allowing her to stay with relatives.

"We don't understand a lot about this COVID-19. We just all have to be careful."



Murals for Medical Relief honor Chicago health care workers fighting virus pandemic

May 24, 2020

Throughout May, a series of murals will be painted by local Chicago artists who are dedicating their time and talents to create uplifting murals inspired by, and with gratitude for our healthcare workers.

Each mural aims to spread hope and inspiration in the community.

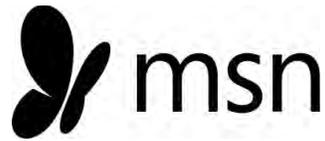
Chicago artist Joseph Renda Jr. joined ABC 7 to talk about how he got involved with the project.

Small businesses in the Illinois Medical District neighborhood are donating their walls, artists are volunteering their time, and Muros is donating all painting supplies.

Muros is collaborating with media production company VINCO on the project, combining the public art and a digital campaign to fundraise \$50,000 for neighborhood hospitals such as **Cook County Health**, Northwestern Memorial and Rush University Medical Center.

Currently there are five sponsored murals in the area, which could expand if the campaign is successful.

For more information visit muralsformedicalrelief.com.



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Using medical respite to prevent COVID-19 in the homeless may offer a path for its growth

May 23, 2020

One of the more predictable consequences of the current COVID-19 pandemic has been its disproportionate impact on a traditionally marginalized group, the homeless. The more than 560,000 people who were homeless on any given night in 2019, according to the Housing and Urban Development Department, has stretched the usual array of support services to their limits.

“The regular services we provide our clients—shelter, treatment, rehabilitation, case management, crisis management, family support—all of that stuff that is part of our normal day we’ve had to put that on hold so we could address what do we have to do for COVID-19,” said Sharon Dorr, vice president of homeless services at Services for the UnderServed, one of New York City’s largest not-for-profit social service and housing support organizations.

Across the country, organizations serving the homeless faced the same dilemma: ensuring homeless residents’ safety. Their response was designating locations where those with the virus could be quarantined and those at higher risk could be isolated. Such emergency housing programs often offer routine medical checks, meals and help connecting with social services and aid toward procuring more permanent housing.

“People who live in congregate shelters can’t just close their doors to avoid all contact with others,” said Megan Cunningham, managing deputy commissioner at the Chicago Public Health Department. In March, the city and local stakeholders began providing more than 1,000 hotel rooms for those mildly ill from the virus, exposed to COVID-19 or at high risk and didn’t need hospital care but couldn’t self-isolate.

While the concept may be new to some, temporary, comprehensive care meeting the medical, behavioral and social needs of homeless patients is a model that’s been practiced on the medical establishment’s margins since the 1980s.

Medical respite, also known as recuperative care, has served as a bridge to help homeless individuals recover from illness when they are too sick to be on the street but not sick enough to go to or remain at a hospital.

Prior to the pandemic, the vast majority of the 100 or so recognized medical respite-care programs operating were run by not-for-profits at such locations as motels, apartment buildings, nursing facilities, homeless shelters and transitional housing facilities. But now a growing number of cities and states are adopting similar care models to stem COVID-19’s spread in their homeless populations. Many of these temporary, emergency initiatives are recruiting medical respite-care providers to offer technical expertise.

In Chicago, the city partnered with providers with experience delivering healthcare to the homeless. Local hospital networks, including UI Health, **Cook County Health** and Rush University System for Health, joined the initiative to operate clinical services at emergency sites. “They understand that this is different from delivering care to someone who is stably housed who has a pretty straightforward and mild case of COVID,” Cunningham said.

Now medical respite providers are considering how to lobby stakeholders to expand their programs and make them a more permanent part of the primary-care framework. “We know there is a strong need for more medical respite beds,” said Jennifer Nelson-Seals, CEO of the Boulevard of Chicago, a temporary residential facility providing homeless

individuals with respite care on the city's West Side. "This is now a great opportunity for legislators and medical respite providers across the country."

Meeting the need

Thus far, 20 Boulevard residents have tested positive for COVID-19, according to Nelson-Seals. Having a federally qualified health center at Boulevard's 64-bed facility meant those patients quickly got care in an area separate from the other residents. The impact has decreased the beds available for residents who aren't infected while the need has only risen.

Nelson-Seals said Boulevard and other stakeholders gave the Chicago Public Health Department their input on the city's temporary medical respite model.

The homeless population will remain at increased risk for COVID-19 even after the pandemic subsides. In response, the organization plans to add a second residential facility reserved for COVID patients. The 30- to 60-bed facility is expected to open by year-end, Nelson-Seals said. The move is part of the organization's effort to expand services and increase access. "If we would have had more medical respite beds, I think we could have reacted more quickly (to the pandemic) and saved more lives," she said.

The number of U.S. medical respite-care programs has grown from approximately 65 in 2014 to 104, according to National Health Care for the Homeless Council estimates. Much of the expansion has been in Western states like California—which has a quarter of all programs—while up to 16 states have none.

As greater attention has been paid to the social determinants of health in recent years, there's been a growing awareness of the need for medical respite, said Kelly Bruno, CEO of the National Health Foundation in Los Angeles, one of the largest medical respite-care programs in the U.S.

Individuals who lack housing are more likely to have underlying health issues that increase their risk of developing more severe forms of COVID-19. Yet traditional solutions like homeless shelters are a health hazard during a pandemic. The often crowded quarters of such facilities make social distancing and self-isolation difficult, increasing the risk of spreading the virus.

A recent study by researchers at the University of Pennsylvania, the University of California at Los Angeles and Boston University estimated more than 21,000 hospitalizations and 3,400 deaths would occur among the country's homeless population as a result of the pandemic. "Housing is health," Bruno said. "You cannot be healthy without housing, and anybody living on the street is ultimately going to need some medical care; it's just inevitable."

The National Health Foundation participates in the state of California's Project Roomkey initiative. Launched April 3, its goal is securing up to 15,000 hotel and motel rooms to move homeless people off the street and out of shelters and into isolation, aiming to slow the virus' spread.

Besides operating three traditional medical respite-care sites, the foundation is overseeing development of a 100-bed recuperative care site that's part of the state initiative. Bruno said she believes state emergency measures like California's to temporarily house homeless individuals will help highlight the need for medical respite care and show its value.

And medical respite helps reestablish homeless individuals' trust of the healthcare system, said Dr. Leslie Enzian, director of the Edward Thomas House Medical Respite program at the University of Washington Medicine's Harborview Medical Center in Seattle. Edward Thomas House recently helped train the nurses of a new 47-bed shelter for COVID-19 patients without homes.

Enzian said individuals who go through the medical respite program often end up continuing their care within the larger primary-care system as regular patients. “It goes a long way toward their utilization of outpatient resources once they leave here,” she said.

Setting a standard

Advocates have lauded how the governments of California, Chicago and other places have provided emergency medical respite programs during the pandemic. But some worry the speed at which those programs are being developed and implemented raises questions about how well those sites will be able to address and manage patients’ multiple health needs.

“We’ve got these populations that are high-need and have very high rates of medical and behavioral health issues, and we are putting them very quickly into these makeshift spaces,” said Barbara DiPietro, senior director of policy at the National Health Care for the Homeless Council. “We can’t in any way attest to the quality of care that’s being provided.”

DiPietro said she has heard many emergency programs are staffed by volunteers with no experience or training in providing care for homeless patients. She is concerned many of those housed in such programs may end up with poorer health outcomes than if they were in an established medical respite-care program because their underlying health issues won’t be addressed; such care would normally be offered in an established program. “As people get disconnected with care, I think you’re going to see an outgrowth of poorly managed diabetes and asthma and hypertension and cardiovascular disease,” DiPietro said.

But even for established medical respite-care programs, having a recognized standard of care has always been an issue, with many programs varying in the services they offer. Seeking to form a clearer definition of medical respite care, the council released a set of standards in 2016 with a goal of improving quality and consistency across programs.

The council is working with the Centers for Disease Control and Prevention and HUD to provide training materials for health workers at emergency medical respite-care sites so they can quickly develop skills on how to effectively provide care for such a high-need population.

“Our folks, if they’re not managed well, then they’ll leave,” DiPietro said. “And then we risk both compromising their health and the public’s health. That’s a situation everyone would like to avoid.”

Long-term role

While many cities and states are providing housing for the homeless during the pandemic, such programs could offer opportunities to identify longer-term solutions to homelessness and address those patients’ healthcare needs.

One obvious approach would be for the federal government to help expand medical respite care, which faces a constant funding challenge. Medicare and Medicaid don’t directly reimburse for healthcare services at such programs. Operators such as Boulevard and Edward Thomas House have negotiated individual rates for contracts with Medicaid managed-care plans.

Being able to bill Medicaid for medical respite-care services would potentially give more programs the opportunity to expand rather than just struggling to stay afloat, said Donna Biederman, associate professor at Duke University School of Nursing and research director of Durham Homeless Care Transitions.

“There have always been homeless people in our hospitals and in our health systems who need a safe place to recover,” Biederman said. “Having Medicaid be a billable service would be incredibly helpful.”

Chicago Tribune

Cook County Jail sees signs of COVID-19 containment

May 22, 2020 – Chicago Tribune

Cook County health and jail officials say widespread testing indicates that a series of measures taken since mid-March when the pandemic first hit have worked to control the spread of COVID-19 at the jail.

Tested positive



Detainees who have tested positive for COVID-19 are held in Division 16 at the Cook County Jail's isolation and quarantine facility May 20, 2020. (Zbigniew Bzdak / Chicago Tribune)

Explaining the test



Nurse Victoria Furlow, with Cermak Health Services, prepares to administer a COVID-19 test to a detainee at the intake area of the Cook County Jail. (Zbigniew Bzdak / Chicago Tribune)

Waiting for screening



Detainees wait in the intake area before entering Cermak Health Services for a COVID-19 test and health screening in the Cook County Jail. (Zbigniew Bzdak / Chicago Tribune)

Arriving to work



Officers have their temperature checked as they arrive to work at the door entering Division 11 at Cook County Jail. (Zbigniew Bzdak / Chicago Tribune)

Quarantine tier



The COVID-19 quarantine tier with single cells at Division 11 of the Cook County Jail in Chicago. (Zbigniew Bzdak / Chicago Tribune)

Intake area



Detainees wait in the intake area before entering to Cermak Health Services for a COVID-19 test and health screening in the Cook County Jail on May 20, 2020. (Zbigniew Bzdak / Chicago Tribune)

"You ready?"



"You ready? It's going to be a little bit uncomfortable," said Victoria Furlow, paramedic with Cermak Health Services at the Cook County Jail. "Don't move. Don't flinch." (Zbigniew Bzdak / Chicago Tribune)

Quarantine facility



An employee opens the door to the entrance to Division 16, the Cook County Jail's isolation and quarantine facility for detainees who have tested positive for COVID-19. (Zbigniew Bzdak / Chicago Tribune)

Social distancing



Officers social distance as they leave after their shift at Division 11 in the Cook County Jail in Chicago. (Zbigniew Bzdak / Chicago Tribune)

Hurry up and wait



A gym at Division 16, the Cook County Jail's isolation and quarantine facility for detainees who have tested positive for COVID-19 in Chicago. The facility was set up but never used for COVID-19 patients. (Zbigniew Bzdak / Chicago Tribune)

Isolation



Detainees held at Division 16, the Cook County Jail's isolation and quarantine facility for detainees who have tested positive for COVID-19, in Chicago on May 20, 2020. (Zbigniew Bzdak / Chicago Tribune)

Taking precautions as Illinois prepares for Phase 3 of reopening

May 22, 2020 – WGN 9 Chicago



Phase 3 of Illinois Gov. JB Pritzker's reopening plan begins next Friday and health experts are reminding people to continue to exercise caution.

Dr. Sharon Welbel, Director of Hospital Epidemiology and Infection Control at Cook County Health explains.



Preckwinkle ‘Profoundly Disappointed’ In Cook County Decision To Release Addresses Of Confirmed COVID-19 Patients To First Responders

May 22, 2020

The fallout continues after a controversial vote by the Cook County Board of Commissioners to release the addresses of confirmed COVID-19 patients to first responders.

First responders at suburban police departments like in Hazel Crest say the list is crucial for their safety. Meanwhile residents argue it is an invasion of their medical privacy.

Following the vote Cook County Board President Toni Preckwinkle said she was “profoundly disappointed.”

And with that 9-7 vote, the Cook County Department of Public Health will disclose the addresses of COVID-19 positive patients with 911 dispatchers in suburban Cook County for the next 60 days.

Ed Yohnka with the ACLU of Illinois says he was shocked to see the resolution pass given that Rachel Rubin, the Senior Medical Officer for the Cook County Department of Public Health, advised against it.

“Every individual that a first responder comes in contact with, you should assume that they are positive,” said Rubin. “From a health standpoint this is basically not good practice.”

Yohnka also worries about fear of being put on a law enforcement list.

“Actually discourages people from seeking testing and seeking treatment and seeking care, and those are the things that are going to get us out of the pandemic,” said Yohnka.

In support of the motion are dozens of suburban Cook County police departments, fire departments and mayors.

Chief Mitchell Davis, President of the South Suburban Association of Chiefs of Police.

“Actually I was kind of blindsided by the opposition,” said Hazel Crest Police Chief Mitchell Davis, who is also president of the South Suburban Association of Chiefs of Police, which represents about 70 municipalities.

He says it’s impractical for first responders to be wearing full personal protective gear to every call, and they’re just looking as much information as possible. But there are people who weren’t ever tested or are asymptomatic who won’t be on the list.

“No intel is going to be 100%,” said Davis. “It’s not about targeting anybody. It’s not about doing anything like that. It’s totally about giving our officers as much information as we possibly can to make sure that we’re allowing them to be safe.”

The ACLU of Illinois says it is currently looking into any legal paths it might have to challenge this decision.

The resolution does not impact the City of Chicago, but Mayor Lori Lightfoot did take to Twitter Thursday night voicing her disapproval.

A recent Associated Press survey found that sharing this type of information happens in at least 35 states now, including Illinois. And at least 10 states go a step further by also sharing names.

The information will be part of a confidential system only accessible by law enforcement.



Cook Co. Board resolution instructs county health officials to give COVID-19 patient addresses to first responders

May 22, 2020

The Cook County Board has approved a resolution that directs the county health department to provide the addresses of COVID-19 patients to first responders.

For months police, fire and EMS workers in the Cook County suburbs have been saying for their safety, they need to know when a call for service involves someone infected by the new coronavirus.

Following contentious viewpoints and lengthy discussions at this week's board meeting, the board voted nine to seven in favor of providing COVID-19 positive addresses.

Cook County Board President Toni Preckwinkle said she was "profoundly disappointed" by the passage.

Some members of the board expressed concern about racism in the system and fears that homes flagged as having novel coronavirus would stigmatize the patient(s) and others living inside.

"I don't see how anyone who understand the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination and endemic racism," Preckwinkle said.

Commissioner Scott Britton, who sponsored the resolution, acknowledged the civil rights concerns but assured members the measure includes limits.

Co-sponsor, Commissioner Donna Miller told the board during their virtual meeting Thursday she was behind the measure because she believed first responders need to be equipped with as much information as possible.

"I've heard from the majority, at least 90% of the 36 municipalities that I represent in the south and southwest suburbs; mayors, police chiefs as well as fire chiefs," she said. "So for these reasons I will be co-sponsoring this resolution and I would encourage an aye vote."

The release of personal coronavirus information has fractured the board in recent weeks, as members debated allowing these medical details to be distributed to police, fire and EMS personnel.

"These types of records have been used to characterize and quite frankly demonize people into farther marginalized states and so, with that, I will not be supporting this one," said Commissioner Brandon Johnson.

Commissioner Alama Anaya urged members to find another solution.

"We need to find a better way of doing this without stigmatizing certain communities that have been disproportionately affected, and that is why I cannot support this," said Anaya.

Federal HIPAA law allows for the release of personal health information to law enforcement for prevention of a "serious and imminent threat to the health or safety of an individual to the public."

"We have to think about the mental side of this it's one little set of pressure off an otherwise highly pressurized job. So, I support wholly," said Commissioner Sean Morrison.

Numerous law enforcement and fire agencies have told the I-Team while they routinely use masks and gloves, they do not have enough of the heavy duty personal protective equipment, or PPE, to use at every call.

The police chief of the Village of Hillside, Joseph Lukaszek, said many of the suburban departments are ecstatic the measure was passed.

"We needed that. We need to know what we are walking into. The information that we get we're not keeping it. This is information that we just need for the time being, as we're on the call, and then we'll forget about it. This is nothing that we're to keep it there's no scarlet letter here or anything like that," he said.

He also told the I-Team race will not be an issue.

"This does not bring a racial divide," said Lukaszek. "We are already responding to that call for help or for assistance. Nobody's asking them if they're white or your black, Hispanic; we don't care. We're already going to that call."

"People should be aware that the police are not there just to take people to jail. We're there to help people," he added.

The American Civil Liberties Union of Illinois says the new policy gives first responders a false sense of security and makes them vulnerable to infection because so many people in Cook County have had COVID-19 but never been tested, so their addresses won't be in the health department database. An ACLU official says they are exploring next steps.

Cook County Health projects up to \$100 million revenue gap

May 22, 2020

The county's health fund, which covers the Health and Hospital system, had a projected shortfall of \$60 million to \$75 million in April, according to Ammar Rizki, the county's chief financial officer.

Cook County Health officials updated their projected revenue shortfall Friday, projecting that part of the budget hole to be as large as \$100 million due to a decline in patient charges because of the coronavirus pandemic.

The system has seen charges decline by about 40% since Gov. J.B. Pritzker's initial stay-at-home order took effect March 21, Andrea Gibson, the health system's interim chief business officer, said at a virtual meeting of Cook County Health's Finance Committee.

Gibson said because of the 40% decline in charges the system is seeing a revenue loss between \$75 million and \$100 million through June based on information available as of mid-May that's subject to change.

For that same time period, Gibson said the system will "be expending \$10 to \$15 million" on supplies, equipment and other expenses.

In March, the health system was behind budget by \$36.6 million — of that, the system attributes \$14.5 million to lost patient-fee revenue because of the pandemic, Gibson said.

An April preliminary projection showed the pandemic was blowing a sizable hole in the county's budget.

The county's health fund, which covers the Health and Hospital system, had a projected patient-fee revenue shortfall between \$60 million and \$75 million in April, said Ammar Rizki, the county's chief financial officer.

Revenues feeding into the health fund had declined by 43%, and charges related to uninsured and insured patients have dropped by 52% and 40% respectively, according to the April projections. Expenses related to coronavirus have increased by \$25 million.

The county projected a revenue shortfall of about \$200 million in that April outlook thanks to the pandemic's effect on the county's general operations.

That hole is largely due to decreased revenue from the county's sales tax and other home rule taxes, such as the hotel accommodations tax.



Illinois county slammed for vote to disclose coronavirus patient data: ‘Terrible decision’

May 22, 2020

An Illinois county is taking heat for a vote that would allow the addresses of coronavirus patients to be shared with first responders — a controversial move that has raised concerns about privacy and even racism, and has prompted a strong rebuke from Chicago’s mayor.

The Cook County Board approved a resolution on Thursday that would direct the Cook County Department of Public Health to disclose to the locations of those testing positive with 911 dispatchers, The Chicago Tribune reported.

Commissioner Scott Britton, who introduced the measure, said he was trying to give extra help and support to first responders.

“All I’m trying to do is to try to give a little more information to those first responders, the people who enter the burning buildings, the people who respond to the active shooters, to give them some more information so they can protect themselves a little bit more,” he said.

The Chicago Daily Herald reported that the resolution emerged from a lobbying effort by mayors, 911 dispatchers and police and fire chiefs, who say that it would allow first responders to take additional precautions before responding to a call.

While technically only a recommendation, the department said it would be following the practice. Those who oppose the resolution include County Board President Toni Preckwinkle, who said the move would have racial implications.

“I don’t see how anyone who understands the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination,” she said, according to the Tribune.

Others noted it is an unreliable tool, as many coronavirus-positive people are asymptomatic and have not been tested.

Chicago Mayor Lori Lightfoot accused the board of having “voted to capitulate to ignorance and bigotry.”

She also promised to stop any effort to make it law in the Windy City.

“We will never allow this to become law in Chicago, just as we will never allow people to be stigmatized and put at risk for being denied services or seeking assistance and support. This is a terrible decision,” she said. “The people responsible should be ashamed and the rest of us outraged.”



Cook County Board Votes to Share Addresses of COVID-19 Patients With Suburban First Responders

May 22, 2020

The Cook County Board on Thursday voted to share the addresses of COVID-19 patients with suburban first responders in an effort supporters say will allow police officers and firefighters to protect themselves against the coronavirus, but opponents contend raises major concerns about privacy.

The resolution passed on a 9-7 vote with one voting present, according to Commissioner Scott Britton, who introduced the measure. The resolution "directs the Cook County Department of Public Health to temporarily share the address information of confirmed COVID-19 positive patients received from the Illinois Department of Public Health with applicable municipal first responders."

That information - only addresses, not including names - will be shared with suburban police and fire departments on a daily basis, the resolution states. It only applies to suburban municipalities within Cook County, not including Chicago, which is under the jurisdiction of its own separate health department.

Britton said he introduced the measure after multiple suburban police and fire chiefs contacted him with concerns about the limitations on the amount of personal protective equipment their departments had.

"As a practical matter, we simply don't have the equipment at our suburban police and fire departments to suit up for every call, throw it away and suit up again," Britton said. "It's just not practical."

Britton said he received some opposition from privacy and civil rights groups concerned about the implications of the measure. Chicago Mayor Lori Lightfoot was among those who expressed her displeasure with the move, saying that to her "great astonishment and disappointment," the commissioners who approved the measure "voted to capitulate to ignorance and bigotry."

"This allows local law enforcement to maintain databases of those impacted by this horrible virus, under the cynical guise of public safety," Lightfoot tweeted Thursday night. "We will never allow this to become law in Chicago, just as we will never allow people to be stigmatized and put at risk for being denied services or seeking assistance and support. This is a terrible decision. The people responsible should be ashamed and the rest of us outraged."

Britton maintained that in introducing the resolution, he sought to balance privacy and civil rights with the effort to protect police officers and firefighters.

"If this wasn't a pandemic, the likes of which obviously we've never seen before, I never would have considered such a measure," Britton said. "But as a temporary thing, I thought it was necessary to help our first responders."

The resolution cites guidance from the U.S. Department of Health and Human Services as well as the offices of the Illinois Attorney General and the Cook County State's Attorney concluding that information like home addresses can legally be disclosed without violating the Health Insurance Portability and Accountability Act that protects patient privacy.

The resolution will be in effect for a period of 60 days, though it can be brought before the Board of Commissioners again to be extended should the need arise.

"My hope is after two months we're not going to need this," Britton said. "I'm not inclined to continue this after the next 60 days."

The Cook County Department of Public Health will roll the initiative out using "memorandums of understanding" with each agency receiving the information, laying out the usage of the addresses as well as the agencies' agreement to abide by privacy requirements and restraints. Britton said he was waiting on the CCDPH to share guidance on the timeframe of when the measure may take effect.

After the pandemic has subsided, the resolution states that all addresses and information will no longer be shared, and agencies will be required to purge the information that was disclosed.

A Nurse With One Lung Had COVID-19. Other Nurses Saved Her.

May 22, 2020

In the coronavirus era, nurses are called heroes. Sometimes, the lives they save are those of other nurses.

When Crystal Holloway entered the room on the 14th floor of Northwestern Memorial Hospital to introduce herself to a new patient, Tanya Adell-O’Neal was so out of breath, Holloway remembered, she could barely speak. But she got out a few crucial words:

“I have to tell you,” Holloway, an ICU nurse, remembered Adell-O’Neal saying. “I’m a nurse myself.”

“I was like, ‘Oh, God ...’” Holloway recalled. “Like, ‘I hope that she’s not critiquing me ... critiquing my techniques.’ That was absolutely the first thing I thought.”

Quickly, she realized they both had larger concerns.

Adell-O’Neal, 53, has asthma and one lung, the other having been removed along with a tumor while she was a nursing student. And for 12 days in a hospital bed at Northwestern, she fought against COVID-19.

Since the coronavirus has swept through the country, nurses have been praised as heroes for their role in fighting the pandemic. But nurses who care for patients with COVID-19 have also become patients — and sometimes, casualties — themselves. The relationships nurses have with their patients who are nurses can be emotional and complicated. They can also be cathartic.

As one of the nurses who cared for Adell-O’Neal put it: “She just understood, like, what I was going through.”

Early on, as Holloway prepared to draw her patient’s blood, Adell-O’Neal reassured her: “I can sometimes be a hard stick,” Holloway remembers her saying. “If you need to stick me twice, you can.”

After a couple of tries, Holloway realized her patient was right: Her right radial artery was an easier stick than her left.

“She just made me feel so comfortable and it wasn’t even about me,” Holloway said.

Adell-O’Neal has been both a nurse and a patient for most of her life. Diagnosed with asthma at 12 and hospitalized several times with pneumonia in high school, she was two years into her undergraduate program at Loyola University when she faced emergency surgery after doctors found a rare tumor on her right lung.

Since then, she’s tried to infuse her nursing career with the same kind of care she received from the nurses and doctors who saved her life. For almost 17 years, she provided psychiatric care for inmates in the Cook County Jail. Now, she’s a clinical nurse case manager at John H. Stroger Jr. Hospital, Cook County’s public hospital.

“I think care should always be the core of how you treat everyone,” Adell-O’Neal said. “You don’t have to be my child for me to have a concern for you. I’ve got this compassion.”

Her husband, Kenneth O'Neal, is also a nurse. He works at the jail, home to one of the largest outbreaks of the coronavirus in the country.

He tested positive for COVID-19 on April 1. Two days later, so did she. For about three weeks, they quarantined together in an upstairs bedroom of their home. She thought she was getting better. But then, one night, she couldn't breathe.

She left for the hospital the next morning. She promised her family that no matter what happened, she wouldn't try to be a nurse. She'd be a patient.

"If I stayed home another night, I wasn't going to wake up," Adell-O'Neal said. "I knew I had a 50/50 chance of coming back home."

One of the first things Adell-O'Neal did as a patient was fill out a form that said she did not want to be put on a ventilator.

"I remembered being on a ventilator when they took my one lung. I remembered all of that," Adell-O'Neal said. "And so I decided, you know what, I have to make this executive decision in terms of my care."

Holloway, who's been a nurse for about 25 years, said that she's had some experience with HIV, AIDS and SARS, but that nothing prepared her for the coronavirus.

"It's so scary," Holloway said. "The patients ... they get sick so quickly."

In nursing school, Holloway said, nurses are taught to embrace the mantra: "Look at the patient. Don't look at the monitor." It means listening to patients — their complaints, their symptoms, their stories — can sometimes tell you more about a patient's condition than medical equipment can. But watching how quickly a COVID-19 patient's condition can change, Holloway said, "You almost feel almost kind of helpless."

Holloway said her first COVID-19 patient arrived in good spirits and was intubated four hours later. Her next patient was intubated even sooner. She knew she had to try to keep Adell-O'Neal from getting to that point, but she also knew she couldn't rely on her usual nurse's instincts to help determine where, exactly, that point would be.

"She knew I was terrified," Adell-O'Neal said.

Holloway was scared, too.

Adell-O'Neal said Holloway promised her she'd do everything she could to keep her out of the ICU. Still, she'd read about nurses and doctors dying from COVID-19 and thought to herself: "God, don't let me be one of those casualties."

That fear loomed in the back of Elin Cheng's mind, as well.

Cheng, 24, is another nurse who helped care for Adell-O'Neal. The floor where she works mostly served as an orthopedics unit before the coronavirus. At first, Cheng said, she panicked when she learned she'd be caring for COVID-19 patients. But after a few weeks, she said she'd grown to trust her team of nurses in a way she never had before.

"It still can be nerve-wracking, you know?" Cheng said. "But then I just have to remind myself, 'It's OK. You have people helping you. ... I'm not in it alone.'"

Cheng thought she knew what to expect when another nurse briefed her about Adell-O'Neal, saying, "She's one of us." She'd cared for other nurses before.

“They always say nurses can make the worst patients,” Cheng said. “We’re just, you know, we’re so nosy. We want to know everything.”

Instead, she started to realize this was a patient she could learn from, too.

“She was in the health care field for so long and had an abundance of insight and knowledge,” Cheng said.

“We would just share stories about our family and just not talk about COVID.”

Adell-O’Neal said her room was a place where nurses could have “moments” and “get away from everything.” She welcomed the company.

One of the most difficult parts of her hospital stay, she said, was dealing with the isolation (“I’m a talker,” she likes to remind people). She FaceTimed with her family, but visitors aren’t allowed in patients’ rooms. For days and sometimes weeks, nurses and doctors may provide COVID-19 patients with their only human interaction, which can take an emotional toll on medical workers, too.

“We’re supporting our colleagues, and now we’re trying to support the [patients’] families. And then we’re supporting the patients,” Holloway said. “Emotionally, I don’t know how we’re all going to be once this is all over.”

Over time, Adell-O’Neal’s condition improved. She could walk from her bed to the bathroom without her oxygen levels dropping.

On the Sunday before Mother’s Day, Adell-O’Neal left the hospital. “Am I ready?” she said in a video she recorded from her wheelchair. And just as she answered her own question — “Yes” — she heard cowbells ringing.

About a dozen nurses waited for her down the hall, gathered next to an open door.

“Bye, guys!!!” she tells the nurses in the video, her voice on the verge of laughter and tears. “Thanks, everybody!”

She couldn’t see the nurses’ faces behind their masks, but it didn’t matter. She knew they felt the same relief and joy that she did. She knew, she said, because she is a nurse, too.



Sen. Dick Durbin to tour COVID-19 testing facility at UI Health's Mile Square Health Center-South Shore

May 22, 2020

U.S. Sen. Dick Durbin will tour a COVID-19 testing site at UI Health's Mile Square Health Center-South Shore Friday morning.

The facility at 7037 S. Stony Island Ave. allows testing by appointment.

U.S. Rep. Bobby Rush, D-Ill., and U.S. Rep. Robin Kelly, D-Ill., will also join Durbin Friday.

Durbin joined Cook County officials to tour the testing facility at Stroger Hospital last Friday.

The testing facility at 1969 W. Ogden Ave. allows for both drive-thru and walkup testing for coronavirus.

Durbin was joined by Cook County Board President Toni Preckwinkle and Cook County Health Interim CEO Debra Carey for the tour of the facility.



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Chicago coronavirus: Why the COVID-19 pandemic is deepening a racial divide in Chicago area communities

May 21, 2020



COVID-19 may be colorblind, but its impact is not. The virus is disproportionately killing more African Americans and Latinx. Inadequate medical care, access to testing and underlying health conditions are some of the explanations. Members of both communities say COVID should be a call to action to bridge the racial divide now.

Yesi Guerrero lost her best friend, Eli Solano, last month due to complications from the coronavirus.

"Unfortunately I wasn't able to see her because she coded when we got there," Yesi Guerrero told the I-Team.

She was just 26 years old and recently delivered her first child.

"The fact that she couldn't even hold her baby because of the virus was very hard for us," said Guerrero. "I didn't want to risk us going and exposing the virus to other people. So we had to stay home and miss her funeral."

Guerrero's husband, mother and father, all essential workers, were sickened by the virus. She tested negative but was symptomatic, hospitalized and then told to isolate at her Cicero home. Not an easy task with three generations living under one roof.

"It's really hard, especially when it's a house that you know you do everything together. You eat together, you watch TV together. And once we got this virus it was like, all right, we want everyone to be safe. Everyone stay in your room," said Guerrero.

Cicero has more than 2,200 cases. Chicago's Little Village and Pilsen neighborhoods are also virus hot spots.

The main Little Village Zip Code, 60623, is almost two-thirds Latinx and has more confirmed COVID cases than any other in the state. Zip code 60608, which covers parts of Pilsen, ranks 7th.

"Just the lack of resources the lack of education that is out there for them. We're seeing very sick patients coming in, and sometimes patients that are coming in too late," said Dr. Jaime Moreno, the medical director of the emergency department at Mount Sinai Hospital.

"COVID-19 isn't the killer of our community, inequality is," said Tanya Lozano, Founder and CEO of Healthy Hood Chicago in Pilsen. "We have these five diseases which is heart disease, diabetes, asthma, AIDS and cancer. So now the virus is you know really attacking us on another level."

Lincoln United Methodist Church in Pilsen has been hit hard by the pandemic. Several members have died and many others infected.

"This virus, this pandemic has gone through the Latino community like wildfire. We die 20 years sooner than more affluent people of other zip codes," said Emma Lozano, the pastor of Lincoln United Methodist Church. "We're trying to bring the testing to our communities."

Volunteers are putting together care packages and then delivering them to those in need.

"We currently have 800 warm meals a week and 250 care packages to families each week," said Oswaldo Becerra, volunteer coordinator for We Got This.

"When we first started the numbers around the African American community were really quite startling, both in terms of cases and in particular mortality rates," said Candace Moore, the Chief Equity Officer for the City of Chicago.

When it quickly became apparent more African Americans were dying from the virus than from any other group, Chicago set up the Racial Equity Rapid Response Team.

"When it comes to mortality rates, as of right now we are still seeing that disproportionality amongst the African American community. It has improved over time, I think at one point, at the high, it was something pretty significant like 75%," said Moore.

According to data from the Cook County Medical Examiner, the South Shore Zip Code of 60649 has more COVID-connected deaths than any other zip code in the county. More than 90% of its residents are black, according to census records.

COVID-19 took the matriarch of Marshall Hatch's family.

"I called her Aunt Rhoda and she was the holder of sacred stories. We certainly miss her," said Hatch, a member of West Side United's executive leadership council.

Many told us the silver lining to this pandemic is the collaborative effort aimed at bridging the racial inequity gap.

"I think we should use COVID really as a call to action," said Hatch.

"The bright spot that could really come out of this is that we've got this momentum that started up, it started in a crisis, but now we need to keep it going," said Dr. Nimmi Rajagopal, the associate chair of family and community medicine at Cook County Health.

"I think the lesson we need to learn is that we cannot discriminate because this disease does not discriminate. And we need to provide the resources for everyone," said Pastor Lozano.

Addresses of COVID-19 patients to be provided to first responders, leaving Preckwinkle ‘profoundly disappointed’

May 21, 2020

Dealing a blow to Cook County Board President Toni Preckwinkle and privacy advocates, the County Board on Thursday narrowly approved a resolution that will provide suburban police officers and other first responders with the addresses of those who’ve tested positive for the coronavirus.

Preckwinkle said she was “profoundly disappointed” by the passage of the controversial resolution, which has sparked a debate over the clash between protecting police officers, firefighters, paramedics and other first responders and protecting the public’s right to privacy.

Cook County Commissioner Scott Britton, who sponsored the measure, said he knows there are “civil rights issues that are raised” by the resolution, and though he’d like to be able to say “that we don’t have to worry about overreach by the government, that we don’t have to worry about inherent racism in the system” he can’t do that — but he could say that the resolution provides some limits.

For Preckwinkle, that acknowledgement didn’t go far enough.

“I don’t see how anyone who understands the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination and endemic racism,” Preckwinkle said, unsuccessfully urging commissioners to vote against the measure. “So for those reasons, there’s no way ... that I would encourage anyone to support [the resolution.]”

Despite the plea, seven Democratic commissioners and the board’s two Republicans voted to approve the measure. Seven Democrats voted against it, and one voted present.

It was a rare defeat for the Hyde Park Democrat from the overwhelmingly Democratic board.

The resolution, which was proposed in April, will allow for the “disclosure of one’s COVID-19 status to first responders, including non-law-enforcement first responders, for purposes of protecting these workers and preventing the further spread of the virus” for 60 days unless the board votes to extend it.

It only applies to suburban Cook County, not the city of Chicago.

The resolution is not formally binding, but Preckwinkle said the county Public Health Department will abide by the board’s vote.

Britton, a Glenview Democrat and ACLU member, said first responders and those concerned about privacy, share a common goal: preventing “the spread of this disease to first responders and their families.” If there are any signs of the information being abused, Britton says he’ll “be the first person” to bring up eliminating it.

As for Preckwinkle’s comments before the vote, Britton said “I respect her opinion.”

“Her leadership and the governor’s leadership have saved thousands of lives, so we should listen to her when we can, and I have been very conscious of her incredible success in keeping this from being an even worse pandemic than it is,” Britton said. “But at the same time, I felt like this is the right thing for suburban Cook County.”

Cook County Judge denied a motion earlier this month that would given some Northwest Side first responders the names and addresses of residents who’ve tested positive for the virus.

Judge Anna Demacopoulos said then that while the “harm feared” by the Northwest Central Dispatch System for emergency workers is real, it “simply will not be avoided by the relief that it” sought in court.

“The public’s privacy rights and the health privacy rights especially are some of the strongest rights under the constitution and the laws of the United States and Illinois,” Demacopoulos said at the time. “Once that data is exposed, there is no taking it back.”

The American Civil Liberties Union in Illinois, as well as other privacy rights’ groups, provided written testimony against the matter, while chiefs of police, fire fighters and others voiced their support for the resolution.

Edwin Yohnka, the director of communications and public policy for the state’s ACLU, said despite Britton’s promise to be a check on abuses of information after the release of the addresses is like “closing the barn doors after the horses are out.”

“I think it’s really disappointing to see that nine members of the board voted to ignore the explicit warnings of public health officials to support this resolution releasing this private medical information. We had written to them yesterday and explained that this was really a dangerously wrong decision that endangers first responders and all county residents,” Yohnka said.

“That doesn’t negate the fundamental fact that the information is being shared in the first instance. ... By the time we find out that there has been some violation, some sharing, some abuse of the system, the damage has been done,” Yohnka said on Britton’s idea to roll back the sharing of information at the first sign of abuse.

When asked if the ACLU will fight the measure, Yohnka said “we’ll look and see what we can do and keep a close eye on it.”



ER nurse, state representative joins fight against coronavirus at Cook County Jail

May 21, 2020

Kyle Mullica came to Chicago to fight COVID-19 on the front lines, picking one of the hottest spots in the city: the Cook County Jail.

"It was intense. It was a lot of hours. It was difficult being away from my family," said Mullica, a registered nurse who works in the emergency room of a Colorado hospital.

He put his skills to use in Division 10, working 12-hour shifts, seven days a week, totaling five weeks straight.

"There's this sense of duty, and a sense of calling on things like this. I wanted to use the skill that I had," said Mullica, who also serves as a state representative in Colorado.

So with his wife's support, he left home.

"I have a 6-year-old, 4-year-old and 1-year-old," the father said. "We really talk to them a lot about when you have the opportunity to help somebody you should help them. And I feel like you need to walk that walk."

While he was here, however, there were sacrifices. He missed special moments with this family.

He choked back tears describing that time.

"I'll try not to tear up now. I missed my daughter's first step while I was there. I guess it doesn't hit you until it happened," he said. But he knew staff and detainees at the Cook County Jail needed help.

"No matter what you're here for, no matter what your story is behind it, our job was to make sure they were safe and protected and we cared for them," he said.

As of Thursday, Cook County Sheriff's Office reports that 94 detainees have COVID-19, as well as 77 officers and employees.

Overall, more than 330 employees previously tested positive and have returned to work.

"The people I did interact with are just some of the most friendly and welcoming people I've been around," Mullica said.

Mullica is a Coloradan at heart, but he also appreciated the city's classic beef sandwiches and Chicago spirit.

"I fell in love with your food," he said. "My wife told me I needed to take it easy because I discovered Portillos and Italian Beef sandwiches."

"The spirit of Chicago is strong," he said. "You sense that, you sense that - that people are in this to make sure everyone gets through this."

Mullica said he's healthy and will remember his time helping others in the jail for the rest of his life.



COVID-19: Food Insecurity

May 21, 2020

Food insecurity is a serious threat to health and well-being for many of the patients and communities essential hospitals serve. The COVID-19 pandemic and the related economic crisis in the United States amplify this threat.

Association staff shared how essential hospitals are adapting existing collaborations to alleviate food insecurity in the face of COVID-19. Kathy Chan, director of policy at association member Cook County Health, in Chicago, shared their health system's experience.



Illinois Coronavirus Updates: Chicago Not Ready for Outdoor Dining, State's Testing Record

May 21, 2020

Should You Be Told Where Coronavirus Outbreaks Are Happening?

For weeks now, Los Angeles County has been posting locations online which have seen five cases or more of coronavirus -- everything from a Domino's Pizza with four cases, to a Ralph's grocery with 22 and a sheriff's station where 13 people have tested positive for the virus.

Wyandotte County in Kansas, which includes Kansas City, has been doing the same. On an interactive map on that county's website, you learn that one El Torito supermarket has 22 cases, a National Beef Packaging facility has seen 42 and Kellogg's Bakery has had another 21.

You won't find data like that here.

"We have to rely upon employers to inform us when they have employees that have tested positive for COVID," said Dr. Rachel Rubin, the senior medical officer of the Cook County Department of Public Health. "They are required to do that. Many do not know that."

That said, Dr. Rubin indicated there are a number of reasons Cook County is not publicizing outbreak locations. First and foremost, she notes that with 400 to 700 new cases a day, the agency has had to prioritize which individuals are getting case investigations and contact tracing.

But a larger reason may be that right now, in the opinion of many in the health community, with the virus so widespread, telling the public where outbreaks have happened doesn't really serve a larger public health purpose.

As far as public notifications, the Illinois Department of Public Health told NBC 5 they hope to start publishing information about outbreaks by week's end. But a spokesman said they would not identify specific locations.

IDPH is currently tracking more than 900 outbreaks statewide.

Cook County Board passes Sept. 30 disaster proclamation extension, property tax late fee waiver

May 21, 2020

The Cook County Board voted Thursday to grant President Toni Preckwinkle an extra 120 days of enhanced powers under a disaster proclamation in place because of the coronavirus pandemic.

Commissioners voted 15-2 to extend the disaster proclamation, which allows Preckwinkle to issue executive orders, move money around, procure essential supplies such as personal protective equipment and make other decisions without the board's direct approval.

The disaster proclamation Preckwinkle approved in mid-March is set to expire at the end of this month.

"I want to just point out that this is not a power grab," said Commissioner Larry Suffredin, D-Evanston, a co-sponsor of the resolution. "A power grab is when you're grabbing something for fun. This is putting yourself in a position where you create more stress because we're dealing with such difficult matters."

Commissioners Bridget Gainer, D-Chicago, and Sean Morrison, R-Palos Park, voted against the extension, arguing there needs to be more oversight on Preckwinkle's decisions. Gainer suggested a 30-day extension as an "eminently more reasonable" compromise.

Morrison praised Preckwinkle's leadership but argued it is still possible for the board to be consulted on decisions through virtual meetings, phone calls and emails.

"You have done a very admirable job, Madam President, in conducting the county's business," Morrison said. "The issue, though, comes down to whether or not we fundamentally need to have another grant for 120 more days of this particular order when there's absolutely no physical reason that we cannot keep up."

Commissioner Deborah Sims, D-Chicago, said it "just doesn't make sense" for the board to be consulted each time Preckwinkle wants to conduct emergency business.

"Everything that we've given you the opportunity to do, you've done it in accordance with the law, so I don't see any reason why anyone should be in opposition," Sims said. "We're treading in new waters. We haven't had a pandemic like this before. I think for us to try to stifle this county moving forward is irresponsible."

Commissioners also voted unanimously to not collect the 1.5% interest rate on late property tax payments until Oct. 1. The late fee would normally be charged each month starting Aug. 3, when the second installment of 2019 bills is due, but this year any payments made by October will be considered on time.

"These are incredibly difficult times for our residents and this measure creates much-needed breathing room for Cook County property owners," Preckwinkle said in a statement last week.

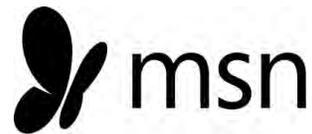
Part of the disaster resolution includes allowing county Budget Director Annette Guzman to approve budgetary transfer requests greater than \$50,000. It was approved 15-2, with Commissioners Bridget Degnen, D-Chicago, and Morrison voting no while calling for more board meetings on budget items.

“Working together, broaching questions and thinking about the different items and ... the reflection of how those budget items come to pass and the checks and balances generally result in a better work product,” Degnen said.

Guzman said during the meeting that emergency transfers have been used in the past two months to buy supplies such as PPE for Cook County Health, Cook County’s Department of Public Health and the Department of Emergency Management and Regional Security. Such decisions need to be made “quickly” given that vendors are selling out, Guzman said.

Most commissioners stressed the unprecedented times the crisis has thrown Cook County into and said Preckwinkle has stepped up to the plate in responding to the pandemic.

“Challenging times require challenging actions,” said Commissioner Peter Silvestri, R-Elmwood Park. “I will be supporting these (measures) reluctantly. I think everybody, including you, Madam President, wish we didn’t have to do this, that things would get back to normal, but they will someday.”



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Preckwinkle ‘profoundly disappointed’ after Cook County Board OKs sharing COVID-19-positive addresses with first responders

May 21, 2020

Cook County Board members narrowly approved a resolution Thursday to share addresses of COVID-19 patients with first responders, following an emotional debate about the measure’s intention to safeguard front-line workers versus fears it would violate individuals’ privacy and civil rights.

Commissioners voted 9-7 with one member abstaining from the resolution, which would direct the Cook County Department of Public Health to disclose locations of those testing positive for the coronavirus with 911 dispatchers in suburban Cook County every day for two months.

While the measure by Commissioner Scott Britton, D-Glenview, is only a recommendation, department of public health spokesman Kim Junius said the Cook County Department of Public Health will follow the address-sharing practice because of the board’s instructions. That’s in spite of public health co-administrator Rachel Rubin’s warning before the vote that the practice was inadequate and dangerous for both citizens and first responders.

County Board President Toni Preckwinkle agreed with Rubin, saying it’s guaranteed the address-sharing plan would contribute to the systemic racism that black and Latino communities suffer.

“I’m profoundly disappointed,” Preckwinkle said after the measure passed.

Earlier in the meeting, Preckwinkle warned, “I don’t see how anyone who understands the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination.”

While commissioners in favor of the resolution acknowledged the long-standing mistrust between black and brown communities and law enforcement, they said the dearth of personal protective equipment has backed them into a wall when it comes to thinking up solutions to protect first responders.

Britton invoked the killing of Ahmaud Arbery, the black jogger who was shot to death by two white men in Georgia, as a nod to his understanding of the racism that people of color face every day. But he said the limits of the resolution, which expires in 60 days and only shares addresses, not names, will ensure there will be no government overreach.

“We all know from the incident that happened in Georgia that you can be hunted down by two racists in a pickup truck and murdered, and no one does anything for two months,” Britton said. “Can I tell you that there’s never a risk of overreach by the government or failure to act? Of course not. But I can tell you because of the limits of this resolution, that is not going to happen here.”

Britton held up a picture of a Niles Fire Department responder during his comment to highlight the extent of PPE required to respond to a place exposed to the new coronavirus. A man stood with gloves, a full-face shield and a silver body gown covering his entire body. Much of the PPE is not recyclable, Britton said.

“All I’m trying to do is to try to give a little more information to those first responders, the people who enter the burning buildings, the people who respond to the active shooters, to give them some more information so they can protect themselves a little bit more,” Britton said.

But Rubin said the resolution could backfire, as there are scores of residents who may have not sought testing because they are asymptomatic. Every individual that law enforcement comes into contact with should be treated as a COVID-19-positive case, Rubin said. Her position was supported by the Illinois Department of Public Health.

“This is not good public health practice,” Rubin said. “Pushing out addresses to first responders does not help to maintain the safety of the first responders or of the individuals that they’re trying to respond to for aid.”

The measure comes after a legal challenge to instate address-sharing was shot down. Earlier this month, a northwest suburban 911 dispatch system failed in its bid to force Cook County to share addresses of coronavirus patients on Friday after a judge denied its temporary restraining order, sharing similar concerns as Preckwinkle and Rubin. But the judge did grant the village of Lincolnwood’s motion to intervene and set another hearing for early June.

Illinois Attorney General Kwame Raoul had advised that address-sharing is permissible due to a Health Insurance Portability and Accountability Act (HIPAA) exception, but he did not go so far as to recommend the practice.

Much of the Thursday board meeting’s public comment section was centered around Britton’s resolution, with suburban villages, police departments and fire departments urging the need for address-sharing amid PPE shortages, and dozens of individuals and civil rights groups, including the Illinois chapter of the American Civil Liberties Union, saying it would lead to harm.

“Police Officers respond to assignments ‘on the fly’, and based upon the nature of the assignment, often times DO NOT have adequate time to don PPE before entering a scene,” Des Plaines police Chief William Kushner wrote. “Unnecessary delays (to don PPE) can mean the difference between life and death for innocent victims, and the officers themselves. Withholding address information of COVID-19 positive persons from first responders borders on criminal negligence.”

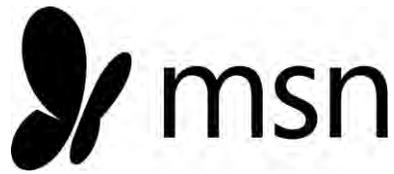
Chris Wade, a Peoria resident, implored the board to vote “no” out of fear it would worsen existing racial disparities amid the pandemic. In Chicago, black and Latino residents are disproportionately dying from the coronavirus.

“I am a black male living in society today who knows first hand about disease policing and criminalization,” Wade wrote. “We have seen the deadly effects of first responders acting out of fear — especially in Black communities. Passing this Resolution invites a new metric of fear and will augment the harm that Black and Latinx communities experience.”

Preckwinkle and commissioners also took the opportunity to censure President Donald Trump’s administration for what they described as a failure to deliver enough PPE for first responders that they said led them to the controversial address-sharing proposal.

“Until the federal government sends proper protective equipment and stops standing in the way of progress, we are at a wit’s end with our hands being tied with being able to provide the protection to first-line workers,” Commissioner Stanley Moore, D-Chicago, said.

Commissioners Frank Aguilar, Alma Anaya, Dennis Deer, Bridget Degnen, Bridget Gainer, Brandon Johnson and Kevin Morrison voted against the COVID-19 address-sharing resolution, while commissioner Bill Lowry voted present.



Preckwinkle ‘profoundly disappointed’ after Cook County Board OKs sharing COVID-19-positive addresses with first responders

May 21, 2020

Cook County Board members narrowly approved a resolution Thursday to share addresses of COVID-19 patients with first responders, following an emotional debate about the measure’s intention to safeguard front-line workers versus fears it would violate individuals’ privacy and civil rights.

Commissioners voted 9-7 with one member abstaining from the resolution, which would direct the Cook County Department of Public Health to disclose locations of those testing positive for the coronavirus with 911 dispatchers in suburban Cook County every day for two months.

While the measure by Commissioner Scott Britton, D-Glenview, is only a recommendation, department of public health spokesman Kim Junius said the Cook County Department of Public Health will follow the address-sharing practice because of the board’s instructions. That’s in spite of public health co-administrator Rachel Rubin’s warning before the vote that the practice was inadequate and dangerous for both citizens and first responders.

County Board President Toni Preckwinkle agreed with Rubin, saying it’s guaranteed the address-sharing plan would contribute to the systemic racism that black and Latino communities suffer.

“I’m profoundly disappointed,” Preckwinkle said after the measure passed.

Earlier in the meeting, Preckwinkle warned, “I don’t see how anyone who understands the endemic nature of racism in this country, and the discrimination that black and brown people have experienced, will assume that this resolution is somehow going to be immune from that discrimination.”

While commissioners in favor of the resolution acknowledged the long-standing mistrust between black and brown communities and law enforcement, they said the dearth of personal protective equipment has backed them into a wall when it comes to thinking up solutions to protect first responders.

Britton invoked the killing of Ahmaud Arbery, the black jogger who was shot to death by two white men in Georgia, as a nod to his understanding of the racism that people of color face every day. But he said the limits of the resolution, which expires in 60 days and only shares addresses, not names, will ensure there will be no government overreach.

“We all know from the incident that happened in Georgia that you can be hunted down by two racists in a pickup truck and murdered, and no one does anything for two months,” Britton said. “Can I tell you that there’s never a risk of overreach by the government or failure to act? Of course not. But I can tell you because of the limits of this resolution, that is not going to happen here.”

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Commissioners Frank Aguilar, Alma Anaya, Dennis Deer, Bridget Degnen, Bridget Gainer, Brandon Johnson and Kevin Morrison voted against the COVID-19 address-sharing resolution, while commissioner Bill Lowry voted present.

The Washington Times

Cook County releases COVID patients addresses to first responders

May 21, 2020

The Board of Commissioners in Cook County, Illinois, narrowly approved a resolution Thursday that lets suburban Chicago first responders get the addresses of individuals who have tested positive for the coronavirus.

The Washington Times last month reported on efforts of police, fire, and emergency workers in Cook County to obtain the addresses of coronavirus patients, saying the information was necessary to protect first responders.

In a 9-7 vote, seven Democrats and two Republicans voted to approve the measure, while the panel's remaining seven Democrats voted against it.

The resolution will allow for the disclosure of coronavirus patients' addresses to first responders, but not their names or any identifying information.

The measure only applies to suburban Cook County and not the city of Chicago.

An emergency-dispatch service company filed a lawsuit to compel the County Board of Health to release the addresses, but a county judge denied their claims.

First responders praised the resolution's passage.

Riverside Police Chief Tom Weitzel told The Washington Times he was "profoundly grateful" to the commissioners who supported the resolution.

"This was always a first responder public safety issue and the scope of the request was limited to address only, no other information was requested," he said.

In close vote, Cook County Board agrees to release COVID-19 patient addresses

May 21, 2020

In a narrow vote, Cook County commissioners Thursday agreed to release the addresses of confirmed COVID-19 patients to suburban 911 dispatchers, municipalities and police departments following a debate over how to balance protections for first responders with the privacy and civil rights of individuals.

The 9-7 decision, with one commissioner voting present, comes after a judge denied an earlier request from the Arlington Heights-based Northwest Central Dispatch System for names and addresses of those who have tested positive for the coronavirus. The judge, however, encouraged the county board to pass a resolution to release addresses.

Commissioner Scott Britton, whose District 14 includes many Northwest and North suburbs, sponsored the resolution that directs the Cook County Department of Public Health to release only addresses, following a lobbying effort by mayors, village managers, 911 dispatchers and police and fire chiefs. They argue having the information ahead of time would allow first responders to take added safety precautions before arriving on an emergency call.

During the county board meeting held via video conference Thursday, Britton showed a picture of a Niles firefighter/paramedic donned head-to-toe in personal protective equipment.

"To suit up like this on every single aspect of their jobs everyday -- and a lot of this PPE is not recyclable -- is a challenge that they cannot meet," said Britton, of Glenview. "I think we have to defer at some point to the first responders who are on the front lines of this epidemic."

Opponents of the measure, including Board President Toni Preckwinkle and health department co-leader Dr. Rachel Rubin, argued providing the addresses would do little to increase responders' safety. Because of the nature of the novel coronavirus, they should assume everyone they come into contact with is positive, they said.

Preckwinkle, Rubin and some board members also argued providing the data to dispatchers could impact minority communities who have had negative encounters with law enforcement and could feel targeted if their addresses are known. The measure also received written opposition from the ACLU of Illinois and Equality Illinois.

"I don't see, as anyone who understands racism in this country ... that this resolution is somehow going to be immune from that endemic racism," Preckwinkle said.

Preckwinkle did not get to vote on the matter, as the board president only votes in the case of a tie.

"The ayes have it," she said in announcing the close tally Thursday afternoon. "I'm profoundly disappointed."

The decision comes a day after a Lake County judge rejected Sheriff John Idleburg's legal bid to force the county health department to provide information about COVID-19 patients. McHenry County's sheriff won a similar suit last month, while health departments in DuPage and Will counties are voluntarily providing addresses of COVID-19 patients.

Britton said 35 states allow addresses to be shared, while 10 let individual names be released.

Under Britton's resolution, Cook County health officials are directed to provide addresses daily to the Public Safety Answering Point dispatch system over the next 60 days, and the information must later be purged.

Preckwinkle told reporters after the meeting that the health department would comply with the board's direction, though a precise rollout of the information is still being devised by health officials.



Should You Be Told Where Coronavirus Outbreaks Are Happening?

May 20, 2020

For weeks now, Los Angeles County has been posting locations online which have seen five cases or more of coronavirus -- everything from a Domino's Pizza with four cases, to a Ralph's grocery with 22 and a sheriff's station where 13 people have tested positive for the virus.

Wyandotte County in Kansas, which includes Kansas City, has been doing the same. On an interactive map on that county's website, you learn that one El Torito supermarket has 22 cases, a National Beef Packaging facility has seen 42 and Kellogg's Bakery has had another 21.

You won't find data like that here.

"We have to rely upon employers to inform us when they have employees that have tested positive for COVID," said Dr. Rachel Rubin, the senior medical officer of the Cook County Department of Public Health. "They are required to do that. Many do not know that."

That said, Dr. Rubin indicated there are a number of reasons Cook County is not publicizing outbreak locations. First and foremost, she notes that with 400 to 700 new cases a day, the agency has had to prioritize which individuals are getting case investigations and contact tracing.

But a larger reason may be that right now, in the opinion of many in the health community, with the virus so widespread, telling the public where outbreaks have happened doesn't really serve a larger public health purpose.

"I'm not sure posting that there's been five or more tested positive means much if you have a hundred employees," Rubin told NBC 5. "I'm not surprised that there would be five out of a hundred that would be positive."

Rubin said that in large settings like grocery stores, the county does do follow up, to make certain managers are doing proper cleaning and sanitation procedures when employees are found to have tested positive. But right now, she suggested public announcements of locations where the virus has occurred are not especially important, because the illness is so pervasive everywhere.

"As we go down the curve and there are less people turning out positive each day, then that might be more important," she said. "Because right now, most of us have probably been exposed to COVID. It doesn't mean most of us have gotten sick."

The DuPage County Health Department does post a chart showing the types of establishments where outbreaks of two or more have occurred. That chart indicates 50% of such cases are in long-term care facilities. Only 2% are in grocery stores, and another 26% are in areas described only as "workplace."

Will County told NBC 5 that while the information is tracked, they believe it is up to the Illinois Department of Public Health to determine whether it should be released to the general public.

Steve Powell sees the information first-hand. He is the president of United Food and Commercial Workers Union Local 881 and in that role has about 34,000 members working the front lines in grocery stores and other retail and service establishments.

"I can tell you that once there is a case in one of our locations, the company notifies us," Powell told NBC 5. "They also notify the employees in that store."

UFCW says about 247 individual cases have been reported in 140 stores where they represent employees in Illinois and northwest Indiana.

Powell gives high marks to the chains where his members are employed, mostly Mariano's and Jewel-Osco food stores in Illinois, and Strack and Van Til stores in Indiana. But he is not as complimentary to some of the shoppers his workers encounter on the job.

"I think the biggest problem we're facing in different localities is the general public has to use a little more common sense and realize that grocery workers really are on the front lines," Powell said. "We need more cooperation from the general public -- period."

The union says it has been especially surprised to see large family groups coming into stores, when a single shopper per family would make more sense during the current pandemic.

"This virus is everywhere, it's invisible, it doesn't stop at the grocery store, it doesn't stop at the hardware stores that are still open," Powell said. "That's why they have to wear the masks and have to follow social distancing."

Cook County's Dr. Rubin emphasized that shoppers should not be concerned about whether employees have tested positive in a given establishment as long as proper cleaning procedures have been followed.

"First of all, there's a lot of rumors going on," she said. "If you stay six feet away, you wash your hands, you wear your mask, your risk is really fairly low -- much lower than being an employee in that workplace."

As far as public notifications, the Illinois Department of Public Health told NBC 5 they hope to start publishing information about outbreaks by week's end. But a spokesman said they would not identify specific locations.

IDPH is currently tracking more than 900 outbreaks statewide.



Tips for transit riders during COVID-19

May 20, 2020

While the coronavirus has taken an enormous toll on transit ridership across the region and country, there are of hundreds of thousands of people locally who continue to rely on public transit every day to reach jobs and make other essential trips.

CTA, Pace, and Metra together are still serving roughly 340,000 people per weekday during the stay-at-home order. This is more than or equivalent to ridership levels in the metro areas of Atlanta, Denver, Houston, Miami, and Minneapolis in normal times.

Our regional transit system is vital to our region — now more than ever.

Transit gets essential workers to work so all of us have access to food, healthcare, and other necessities. It ensures that those unable to drive or without access to a car are able to get to their medical appointments, the pharmacy, the grocery store, and other essential destinations.

Keeping our transit system running frequently and safely for essential trips and essential workers is an economic issue, a health issue, and a racial equity issue.

To help keep transit riders and transit drivers safe, here are some safety tips that we developed with the Cook County Department of Public Health.

Tips for transit riders:

- Per Governor Pritzker’s executive order, wear a face covering such as a mask, scarf, or bandana while taking transit.
- Keep your distance:
 - At bus stops and train stations, keep a minimum of six feet between you and others.
 - Choose a seat at least six feet from others, if possible. Do not sit in a vacant seat next to someone else. Ideally, leave two to three rows of seats open between you and other riders.
- Avoid crowded buses or train cars. This may mean giving yourself more time to wait for a less crowded bus or train to arrive. CTA, for example, is limiting bus ridership to 15 passengers per standard 40-foot bus and 22 passengers per 60-foot articulated bus.
- Check your bus or train schedule before you travel. Because of lower ridership, Pace and Metra have reduced service along some of their routes.
- Use the rear doors to enter and exit all CTA and Pace buses with rear doors. Where rear-door boarding is possible, you may need to open the door manually from outside the bus. If you use a mobility device or require the use of the ramp, use the front door.
- Keep your driver or conductor healthy — only interact with them when absolutely necessary.
- Follow new payment protocols:
 - On Pace, fare collection has been waived on buses and paratransit.
 - On Metra, use the Ventra App to purchase your ticket if you have a smart phone.
 - On CTA buses, farecard readers are being moved to the rear doors. At this time, fare payment will not be enforced on buses without rear-door farecard readers.

- Limit non-essential touching of handrails, straps, seat backs, and other surfaces.
- Wash your hands or use hand sanitizer before and after using public transit. Remember not to touch your face.

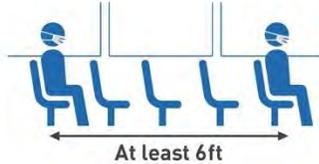
Active Trans worked with subject matter experts from Cook County Department of Public Health and gathered feedback from local transit agencies to create a shareable infographic (download available in English and Spanish) to highlight some of these best practices.

Stay safe while making essential trips on transit

If you need to use transit, follow these guidelines:



> Wear a face covering.



> Choose a seat at least six feet from others, if possible.

> Avoid crowded buses and train cars. This may mean giving yourself more time to wait for a less crowded bus or train to arrive.



> Keep your driver or conductor healthy. Only interact with them when absolutely necessary.



> Limit non-essential touching of handrails, straps, seat backs, and other surfaces.



> Wash your hands or use hand sanitizer before and after using public transit. Remember not to touch your face.



> Use the rear doors to enter and exit all CTA and Pace buses with rear doors. If you use a mobility device or require the use of the ramp, use the front door.



Visit your transit operator's website for additional COVID-19 related guidelines and potential schedule changes:

transitchicago.com/coronavirus/

pacebus.com/health/

metrarail.com/coronavirus



Cook County DEPT of
Public Health



ACTIVE
TRANSPORTATION
ALLIANCE

COOK COUNTY
HEALTH

For more information, visit activetrans.org/blog



Digital Health Companies, Providers Evolving Partnerships to Fight COVID-19

May 20, 2020

Across the U.S. these days, in the face of a growing healthcare crisis, patient care organizations and digital health companies are teaming up to offer solutions that support different ways clinical workflows could be automated and virtualized. Some of these include real-time virus tracking, online symptom diagnosis, virtually delivering care, patient outreach, and identifying high-risk patients.

In Washington State, the Seattle area was one of the first hit with COVID-19 cases in the U.S., leading TransformativeMed—a company focused on electronic health record (EHR) usability—to offer its COVID-19/Core Work Manager (CORES) app to Seattle-area hospitals and medical centers free of charge during the COVID-19 outbreak.

TransformativeMed originally started as a project within the University of Washington Medical Center, and today is providing all hospitals who use the Cerner Millennium EHR free access to its EHR-embedded Core COVID-19 App—regardless of location. Erik van Eaton, M.D., a board-certified surgeon and faculty member at University of Washington, says the tool essentially acts like a dashboard, instantly displaying a list of patients who have been tested for COVID-19, as well as showing inpatient and outpatient status, pending test results, the patients' current location, and their precautions. It also has the ability to flag patients who need confirmatory testing, and caregivers can “pin” comments about patients' COVID-19 status and history, which are then used to contact outpatients to inform them of test results, van Eaton explains. “All those facts all displayed on the screen and can be updated in real time. You don't have to open a patient's chart,” he says.

Van Eaton notes the dashboard operates differently than an EHR as the latter system has mostly pre-fabricated patient lists with just basic elements included, and while developers and their customers can sometimes work together to better customize the technology, “it's hard to get the EHR system, as built, to adapt quickly,” he says.

The primary users of the dashboard, says van Eaton, are infection control and infectious disease clinical service professionals. And at each of the health system's facilities, a “COVID-19 triage doctor” is deployed—either an infectious disease doctor, internist, or hospitalist—who is in charge of the ebb and flow of the COVID-19 patients for a 12-hour shift, and who also oversees the dashboard, van Eaton explains.

In the same region, Physicians of Southwest Washington, a 550-physician independent physician association based in Olympia, Wash., already had been working with a vendor called Innovacer on a population health platform to support its value-based care arrangements before the state became the first epicenter of the crisis in the U.S. While the collaboration with big EHR vendors is central to many hospitals' response efforts, smaller niche vendors and community health partners are working on rapid response as well.

“Within just a few days, Innovacer was able to produce some COVID-19 dashboards that allow us to identify those patients at highest risk of COVID-19 among our population,” says Tamra Ruymann, chief of digital health at Physicians of Southwest Washington. “Our care management team has really focused in on that high-risk set of patients and has started doing outreach to the highest risk—those with four or more co-morbidities. We are contacting them and asking what services they need. We want to keep them in the home, so they don't have to go out and get prescriptions filled, for instance.”

Ensuring workers are healthy at UCSF

Meanwhile, in California, UCSF Health is working with healthcare technology company Conversa Health to leverage its COVID-19 Employee Health Screener tool that helps the health system screen its employees daily to ensure that anyone who might be infected will not come into contact with patients.

In mid-March, San Francisco healthcare organizations received a city mandate to start screening employees before they entered the hospital, recalls Aaron Neinstein, M.D., director of clinical informatics at the UCSF Center for Digital Health Innovation. At first, he explains, there were long lines of employees, sometimes in cold and rainy weather, waiting to get into work, but in just one week, a rapid cycle development team was created between the health system and vendor to launch the screening tool, which is an interactive branching questionnaire that asks users questions about risk factors related to COVID-19. These factors of course change as more knowledge about the virus is gained, Neinstein notes.

“We needed a low-friction tool; one with no sign-up required or app to download. We also [needed] the ability to iterate on the logic and clinical care pathways, since guidelines and risk factors change on a near daily basis,” he says. The result is the screening tool that asks about risk factors and symptoms. Then the output either “passes” the employee on his or her smartphone—similar to an airline boarding pass—allowing the person to get through the front door at work, or it recommends the employee go to the health clinic for further testing and care, Neinstein explains.

“Within a week, we went from idea to prototype to pilot launch,” Neinstein says. “Now we are looking at expanding the deployment to other UCSF locations. Today, thousands of people are using the tool each day to get into work. The screening time at the door went from 40 seconds per employee down to 8 seconds. When you have hundreds or thousands of people showing up for a shift at 7 a.m., that time saved adds up,” he says.

Other ways tech is helping

In another example, Cook County Health, the safety net provider for Chicago and suburban Cook County, was in the process of working with messaging solution vendor Luma Health on new ways to use text messaging with patients when COVID-19 cases began appearing in Chicago. “There were a few approaches our organization was looking at in terms of the way we reach out to our patients, which is why we had targeted Luma to begin with,” explains Adam Weber, director of clinical ancillary applications at Cook County Health. “When the pandemic hit, we realized we had to do it right away. There is not time for a four to six-week project. We have to get this going tomorrow.”

Cook County Health partnered with Luma Health to design messages for different targeted groups of its patient population. “For people who have regular appointments, we could reach out to 8,000 to 10,000 patients and let them know at once not to come to the hospital or clinic, and that we would be reaching out to them and doing telehealth visits with them at their normally scheduled time,” Weber says, adding the organization has seen a 94 percent success rate with the SMS version, and was also able to reach patients via e-mail or phone calls.

Meanwhile, at Hardin Memorial Hospital in Elizabethtown, Ky., healthcare workers are deploying hands-free technology from healthcare communications company Vocera that can be used under isolation gowns, hazmat suits, and personal protection equipment (PPE) to facilitate real-time communication and collaboration between professionals, even if they are isolated in ICUs and caring for patients, or forced into quarantine and working remotely.

Deanna Parker, R.N., assistant vice president of the emergency department at Hardin Memorial, notes that in the midst of trying to conserve PPE, without the Vocera device, all the equipment would have to be taken off just for a clinician or nurse to reach his or her smartphone. “There’s always a risk with taking on and off your PPE because you can have contamination. With [this tool], physicians have the ability to call right into a room, and ask for the nurse in room 12 [for example], who may be already in room 12 providing care to a patient. And that nurse does not have to leave the room, does not have to take off his or her PPE, and has the ability to answer the call hands-free. They just have to accept the call.”

MEDILL REPORTS

What I've Learned: Tricia Heaslip, PA-C at Stroger Hospital

May 19, 2020



Tricia Heaslip, 25, wears her personal protective equipment while treating COVID-19 patients at Stroger Hospital. (Ruby Thompson/MEDILL)

As an early-career physician assistant specializing in infectious disease, Tricia Heaslip, 25, has spent the last six weeks treating COVID-19 patients at Cook County's Stroger Hospital.

In my department we do a lot of HIV work, and HIV has just changed so much in the last 20 years — the treatment of it and the diagnosis of it and how long those people can live. All of the doctors I work with were treating HIV in the 1980s and in the 1990s, when it was this novel disease, we didn't have treatments for it, and their patients were dying. It was just a terrible thing to treat and do. But that's what they were doing. So, I find the people that work there are really inspiring.

I think one of the things that's been the most challenging about coronavirus is seeing how it affects my boss. She is someone who I admire and look up to. She's a badass. She started her career in the late '80s working with HIV patients, so I've been thinking a lot about how brave she must feel taking on this pandemic. But the other day, she said she went home and cried all night, and to hear her say that was such a shock to me. To see my colleagues feel helpless, scared or sad... they've seen so much worse, and this is scaring them.

Right before all of this happened, I was wondering, what's the next step? Could I learn a little bit more? I really like being busy, I really like learning and I felt like the amount that I was learning was starting to slow down. Then this outbreak happened and now I have so much to learn.

But now, I've learned that you are capable of so much more when you're challenged with something. If you don't have to do it, you might never do it. But when you have no choice, then you'll figure it out. When the pandemic started, I had

to just go do it. Although I'm used to always having a ton of support, everybody's really busy and overwhelmed and stressed. I couldn't just call somebody for backup because the person I'd be calling also has their plate full.

I'm learning a lot about minority communities that are being disproportionately affected by COVID-19. It speaks to a larger problem in this country with health care and access to health care and living conditions. Why are there higher rates of asthma in black communities, why are there higher rates of diabetes in black communities? Those are bigger issues that existed well before COVID-19. Those are the patients that I'm treating, and seeing this happen has been the thing that has reaffirmed my desire to work with the types of communities that I work with now. I couldn't really picture myself leaving county because I know that these are the types of patients I want to care for.

This interview has been edited and condensed.

Most Illinois Hospitals Scored Well in New Survey

May 19, 2020

Most Illinois hospitals scored well in a new report on patient safety.

The grades were released by a nonprofit watchdog organization, The Leapfrog Group, which seeks to educate the public about the safety and quality of health care facilities. More than 100 general, acute care hospitals in the state made the list.

“Overall, we've seen some good performance from Illinois in the past and that continues this year,” said Erica Mobley, director of operations for The Leapfrog Group. “With 43 percent of hospitals achieving an ‘A’ grade, that’s significantly better than the national average and puts Illinois in the top ten nationwide. It’s good to see hospitals sustaining some good performance.”

Twenty-two other facilities were awarded a “B” grade, while 31 got a “C.” Hospitals with high marks tend to share certain traits.

“We see that hospitals are doing well on things like preventing medication errors by having the right technology in place, implementing strong staffing policies related to nursing and physicians staffing the ICU,” Mobley said. “Then then as a result of all those good practices they put in place, we generally see lower rates of errors.”

On the other end of the spectrum, one hospital in the state received an “F.” Mobley said John Stroger Hospital in Chicago has struggled with implementing the right staffing in its ICU and with basic hand hygiene practices.

“They also seem to be falling short on leadership engagement on safety and have experienced some high rates of errors, for example, a high rate of foreign objects retained after surgery,” Mobley said. “Patients going there should be aware and should ask their doctors and nurses what the hospital is doing to keep them safe and ensure that errors don't happen.”

The study considered 28 different factors when assigning grades, including policies, procedures and patient outcomes.

“The things that we're looking for aren't necessarily very high-tech or expensive equipment,” Mobley said. “We're looking for things like, do they have a hand hygiene policy in place? What are they doing to communicate with patients effectively about their medications? Things like that really any hospital can do.”

Six other facilities in Illinois received “D” grades, including two downstate. Mobley said even patients with little choice as to what hospital will be treating you, there’s still a benefit to looking at the data.

“If it is a hospital that has demonstrated a poor safety record, patients should be aware of that and be extra vigilant when they're in the hospital,” Mobley said. “Talk to your physicians and other caregivers to ensure that safety is top of mind for everyone.” Most of the information used in the report comes from 2019 data, prior to hospitals treating COVID-19 patients in their facilities.

“Infections have been an issue in hospitals for a long time,” Mobley said. “We really hope that once we're past this pandemic, hospitals will be able to take some good lessons from what they've learned through these past couple months and improve at infection prevention in the years to come.”

To see ratings for hospitals in Illinois, go to hospitalsafetygrade.org.

The U.S. Needs Tens Of Thousands Of Contact Tracers. Most Aren't There

May 18, 2020

Experts say we need 30 contact tracers per 100,000 people. In many places, staff counts are well below that. Departments are hiring in the thousands.

New York Governor Andrew Cuomo says his state might hire 17,000 contact tracers to track down new coronavirus outbreaks. That would well exceed what experts say the U.S. needs, at minimum. But in many places, actual staff numbers are well below the necessary benchmark.



Dr. Kiran Joshi, who is co-leading Cook County Department of Public Health, discusses the need for more contact tracers.

Commentary: Illinois can safely start to reopen, if we follow these measures

May 18, 2020

Three early lessons from the COVID-19 epidemic:

- Tight lockdown is workable as a short-term strategy but loses effectiveness and brings unintended consequences over time.
- The idea that society cannot resume until we find a vaccine is unrealistic because a vaccine is not guaranteed.
- It is harder to sit on the couch and watch six hours of television than commonly thought — especially without sports.

As weeks turn to months, with the increasingly warm weather, tension is palpable. People want their lives and livelihoods back, more churchgoers are defying instructions to skip services and too many among us are redefining “personal responsibility to my community” as “I’ve had enough of this.”

Yet Illinois is in a particularly precarious position. The inconvenient truth is that Illinois has become a national hot spot. Third in total COVID-19 cases after New York and New Jersey, Illinois will be the next state to reach 100,000 cases. Only 10 countries in the world rank ahead of Illinois in number of cases. Fortunately, our death total is not especially high; for some reason mortality in Illinois is below the national average.

Why is Illinois, and especially Chicago, performing worse than some states, such as Georgia, that have reopened widely? Nothing is certain, but here are two likely explanations: failure to control the spread in Illinois nursing homes (a failure that also doomed thousands of New Yorkers) and inattention to social distancing. Parties and spontaneous group gatherings may have led to new chains of infection transmission in the past month.

How can we regain control and reopen safely? Some steps are absolutely essential: Ensure as much safety as possible for the elderly and high-risk (more than 90% of deaths in Illinois are in high-risk patients with such underlying conditions as diabetes and obesity), prevent large gatherings and decontaminate public transportation assiduously. We must pay special attention to hospitals and jails (so far, Cook County Jail has performed commendably in bringing its outbreak under control).

The most important measure may be far greater transparency with what is happening in the state’s long-term care facilities, especially nursing homes, which account for almost half of COVID-19-related deaths in Illinois. To make them safe and control virus transmission, the government must guarantee these facilities adhere to rigorous mitigation measures: aggressive, repeated testing of residents and workers for infection; heightened environmental cleaning including spraying all high-touch surfaces with disinfectant several times daily; and everyone wearing masks all the time.

If federal and local government reopening proposals are to work, two keys are mitigation and testing. As businesses come back, the public must maintain meticulous attention to infection control. Wearing a mask remains essential when leaving the house, particularly in stores, elevators, public transportation, lobbies and breakrooms — basically any enclosed areas. As workplaces reopen, employees must mask and wash hands frequently. They must take special care in elevators and when opening doors, and if they are sick, stay home. All nonessential business employees should work from home.

But safe reopening requires further measures. The strength of public health is surveillance — testing to find those infected. Once identified, those testing positive should be isolated and close contacts quarantined. It's important to target surveillance in the highest-risk communities. Currently, cases in Chicago occur disproportionately in minority communities, especially in Hispanic and African American neighborhoods. The city should make concerted efforts to test widely in these communities and test as many people as possible, regardless of whether they are exhibiting symptoms. Unfortunately, in large urban areas such as Chicago, contact tracing may be quite difficult.

The Centers for Disease Control and Prevention has authored recommendations for phased-in reopening of churches, mosques and synagogues. These involve restricting attendance to 10 or fewer until it is safe to expand, as well as masking, restricting the sharing of frequently touched objects, maintaining social distancing at services and scrupulous attention to environmental cleaning.

Restaurants and bars that can operate outside during the summer may be able to open, but many will have trouble staying afloat with social distancing rules being applied, because they depend on customer volume to turn a profit. It is a problem without an easy solution.

Schools merit special attention. Children may be less susceptible to the virus and adults in the school setting may pose the greater risk of transmission. The role of children in community spread is still uncertain. The decision on school openings will depend on events this summer but, assuming proper precautions, one approach would be to first open junior high and high schools, where parents are less involved with transporting students to school, before opening classes for smaller children.

The social and economic consequences of our COVID-19 response eventually create their own public health problems. The country will essentially be a laboratory of different experiments in various states and regions; some experiments may fail and provide useful lessons. The optimal strategy will be some middle ground that acknowledges the economy must reopen, slowly, and our efforts will be accompanied by some low-level but unavoidable risk.

This is a tenuous balance with no clear path. Good judgment and wisdom from our scientists and leaders will not be sufficient. Strategies for a carefully planned and phased reopening should be developed collaboratively with the major stakeholders — the public. Remember the admonition of Sgt. Phil Esterhaus from the classic 1980s television police drama "Hill Street Blues" (recommended TV couch fare), who reminded his cops every day, "Let's be careful out there."

Dr. Robert A Weinstein is an infectious disease specialist at Rush University Medical Center. Dr. Cory Franklin is a retired intensive care physician. The two worked together in Chicago during past flu outbreaks and the AIDS epidemic.

With a new, stricter grading system — plus warmer weather — Cook County is now getting a D on social distancing

May 18, 2020

Chicago still has work to do when it comes to staying at home, according to one assessment.

Residents of Chicago and the surrounding Cook County suburbs are now getting a D in social distancing from a New York City data firm that's been grading the country on compliance with stay-at-home orders.

That's a significant drop from late March, when the area got an A, but the difference is more about revisions to the grading system than a huge change in behavior. Unacast, the firm drawing the measurements from a sampling of cellphone data, toughened its criteria based on input from public health experts.

Grades also fell in many other locales across the country, including Chicago's collar counties and Illinois as a whole. Some areas, however, fared better than the Chicago region. New York City, perhaps hit harder by COVID-19 than anywhere else in the United States, scored a B as of Monday.

"To compare your score from the previous iteration of the (Social Distancing) Scoreboard to the current one would be misleading," Madeline Ngo, who leads the product and insights team at Unacast, wrote in a blog post.

Nevertheless, the Unacast data does show that on some days in April and May when the temperature rose into the 60s, total distances traveled in Cook County rose by as much as 10 percentage points. Data for Chicago, supplied by a firm called BlueDot that like Unacast tracks cellphones, also indicated that city residents are not staying home as much on nice days, noted Dr. Alison Arwady, commissioner of the Chicago Department of Public Health.

In early April, people in the city were staying home as much as 82% of the time. By the end of April, that figure had dropped to about 74%. Before the stay-at-home order, folks stayed home about 60% of the time, BlueDot data shows.

"As a city, we have slipped, compared to where we were in the middle of April, for sure, and I am concerned about that, because we want to get to the next phase," Arwady said. "We want to reopen as soon as possible, and the best way we do that is to not have more opportunities for infection. And that means having people try to hang in there with us through May."

Grading change

Back in March, just days after Gov. J.B. Pritzker issued his stay-at-home order for Illinois, Unacast was measuring counties' reductions in travel against the U.S. county that had achieved the biggest decrease.

Based on that standard, Cook County got an A for its 44% reduction in total distances traveled, while the state, with a 40% decrease, fared almost equally as well.

But Unacast noted that public health experts felt further travel reductions were necessary to better limit the spread of the disease. Indeed, Arwady at the time said she would like to see a 75% reduction in travel. "I need Chicago at an A+. Maybe an A++," Arwady said then.

So Unacast decided to start measuring counties and states against what happened in Italy during the height of that country's lockdown — "because it is ahead of the curve compared to the U.S. and strict in its policy measures," Ngo wrote.

Now Unacast is giving out A's only to areas in the U.S. where travel has been curtailed by more than 70%. In Italy, travel dropped by between 70% and 80% during its lockdown.

Over recent weeks, Cook County travel reductions measured in the 25% to 40% range, as measured against the amount of travel that was occurring before Pritzker's order. That earns a D under the new, tougher grading scale. Illinois earned the same grade.

All the collar counties also had a D as of Monday: DuPage, Kane, Lake, McHenry, Will and Kendall.

New York, by contrast, saw travel reductions of 55% to 70%, which earned that city a B. San Francisco had a C as of Monday, with travel reductions between 40% and 55%. Los Angeles earned a D, as did Michigan's Wayne County, where Detroit is located.

The Italian lockdown was especially strict, with essential workers needing approval to travel, only grocery stores and pharmacies allowed to open, and a curfew after 6 p.m. Italy's lockdown — which Prime Minister Giuseppe Conte called "I stay home" — was also imposed nationwide, while stay-at-home orders in the United States were issued state by state and sometimes region by region.

For its grading system, Unacast also added two other measuring standards — reductions in visits to nonessential businesses and reductions in "human encounters." The latter is defined as being within 50 meters of someone else for an hour or longer.

Cook County was given a C in reduction of trips to essential businesses, because those went down between 60% and 65%, but an F on human encounters, with reductions of less than 40%. The overall composite grade for Cook was a D as of Monday.

DuPage County got a composite grade of D-minus; Lake, Will, Kane, McHenry and Kendall counties each got an F, because of lesser declines in visits to essential businesses and in human encounters.

One caveat: The grades can go up or down slightly on a given day, because the data is adjusted as time progresses. For example, earlier last week New York County was earning an A for its reductions in travel, because they generally exceeded 70%.

Local views

Arwady said the city is using BlueDot data because it can be broken down by city. And, she said, "I'm interested in how Chicago has changed as compared to Chicago, more than I am about how we compare to the national average for this."

But she noted that both BlueDot and Unacast indicate that people are going out more in the warmer weather. "My guess is that ... our BlueDot data is going to be even worse" in coming days, she said, noting forecasts for much warmer temperatures. "When we get down to a point where we're starting to have all of those interactions, it just pushes this longer and longer. We want people to hang in there."

Arwady said she knows that staying at home has been difficult for some people, but "the No. 1 factor in terms of how we do as a city is about how well people continue to have social distancing, continue to have the cloth face coverings, continue to not have unnecessary interactions."

The BlueDot data appears to back that up. In areas of the city where people stayed home more during a given period of time, the rate of infection two weeks later was for the most part lower than in areas where people went out more.

Arwady said that statistic shouldn't be used to cast blame. She noted that in less affluent areas of the city, where stay-at-home compliance was lower, residents may be working in essential jobs that involve travel.

Dr. Rachel Rubin, senior medical officer of the Cook County Department of Public Health, added that ordering food and other essential products online can be too expensive for some folks.

"I can imagine that, just based on the economics of the situation, people can't afford to order online," she said, noting that the data doesn't factor in those economic disparities. "People cannot afford to stay home because they won't get paid if they don't go to work."

But Rubin, like Arwady, urged people to stay the course, whenever possible, because it's preventing an even more devastating outbreak.

"I think it has definitely helped," Rubin said. "I think especially in the state of Illinois we would have seen a much steeper curve. We would have had many more cases and deaths without the level of social distancing that we have been able to maintain."

"I think that most people are trying to do their best. Do I think we could be doing better? Sure. Do I think everybody is adhering to these guidelines? Absolutely not."

Rubin urged people who want to visit others to do it wisely, by maintaining social distancing in a large, open, outdoor space. She noted that students at Lane Tech College Prep have been sitting in the trunks of parked cars spread 10 or more feet apart. "I think that's a great idea," she said.

But for now, the secret weapon against COVID-19 looks to be wielded by Mother Nature.

"I'm secretly happy right now when we see a cold, rainy day, like we had on Mother's Day," Arwady said. "I thought, 'This is such a depressing day, but it's so good, because people will finally stay in.'"

Prognosis for COVID-19's hit on Cook County finances plagued by 'unknown unknowns'

May 17, 2020

No one knows when the pandemic will end. No one knows when different areas will be able to re-open. And no one knows just how big an economic hit it will all take on governmental budgets.

But what is known is that COVID-19 has already killed over 4,000 people in Illinois and cost Cook County and others hundreds of millions of dollars in lost revenue. Another known reality is that all of the very activities that governments depend on for revenue – shopping, travel, filling gas tanks – have been either put on hold or severely disrupted.

And everyone knows the fiscal future is grim – even if no one knows the full extent.

“It’s worse than a hurricane, it’s worse than 9/11, it’s worse than the 2008 economic ... downturn because this is a comprehensive stopping of the economy, a threat to public safety that forces total disruption of most traditional, economic activities,” said Laurence Msall, president of the Civic Federation, a non-partisan government research organization.

Already facing a \$200 million shortfall due to usual revenue sources drying up, Cook County could be faced with an even larger budget shortfall ahead because of the pandemic. The depth and width of that hole will likely be unveiled next month as the county begins its 2021 budget season in earnest, though it could grow depending on how long the pandemic stretches on.

Planning has been frustrating.

Ammar Rizki, the man in charge of the county’s finances, said the county’s biggest challenge is the “unknown unknowns” — the things the county can’t prepare for because it doesn’t know what the future holds — and that’s made forecasters such as Rizki “very nervous.”

“No one really knows what the outcome is going to be,” said Rizki, the county’s chief financial officer. “It’s one thing to understand what the pandemic itself, the shutdown of the economy, is doing — where the critical focus is now being made by the forecasting community is what are the permanent impacts of this?”

Even once the state reopens, the old normal likely won’t return, which means that the “old ways of how [people] shop and entertain themselves at restaurants and bars and concerts and things like that” are out as possible revenue-growing measures for the county.

It’s also a growing “concern and possibility” that whatever preliminary forecast the county puts out in June could change dramatically by the thick of budget season later in the summer and fall.

The county is in a better shape than many other governmental bodies — it has a \$300 million “rainy day” fund and access to a line of credit that should help offset some of the effect the pandemic is having on the county’s pocketbook.

But the threat to revenue is already a challenge. The county gets nearly two-thirds of its revenue from economically sensitive taxes such as hotel, amusement and gas taxes.

The county’s health system already took a hit to its own revenue stream when the Centers for Disease Control and Prevention issued guidelines halting elective surgeries.

Rizki said the impact on the taxes “that we generate from those activities is something that we have to look out for, and there’s a good chance that we may not know that by June, and so whatever we put out there will be a best guess with the data at the time.”

Michael Belsky, the executive director of the Center for Municipal Finance at the Harris School of Public Policy at the University of Chicago, said the effect of the pandemic on the county’s finances long term depends on how quickly the economy can come back.

“They have a hotel tax,” Belsky said. “People [who] are out of work are not coming to Chicago for summer vacation, people out of work aren’t going to go out to restaurants as much. And so this can cause some of these businesses to close, your sales tax base to contract, and it might be that Cook County just becomes a smaller government, and does less until the economy comes back.”

That could entail laying people off and focusing on just public health and public safety, Belsky said.

The money from the first iteration of the Coronavirus Aid, Relief and Economic Security, or CARES, Act should help a bit with the health side of the budget. But if the second package of aid and relief dollars doesn’t include any revenue replacement measures for municipalities, the county would have to “adjust” its budget to the worst case scenario, Belsky said.

Rizki said the county has looked to other cutbacks for the time being, like not filling some positions.

Despite Msall’s dire characterization of the situation, the Civic Federation leader said the county can help itself by managing the crisis in front of it, and “continue to deliver the essential services in the healthcare system, continue to promote the need for social distancing” and more.

From a financial standpoint, it’s “very difficult to plan until you know when the end is coming and when the economic restart will occur, and unfortunately, that is not something that anyone has a strong handle on.”

'Steady decrease' in coronavirus cases at Cook County Jail, officials say

May 16, 2020

Fewer people have tested positive for the coronavirus over the past month at Cook County Jail, officials announced Friday.

The rate of positive COVID-19 tests has gone from 97% to less than 10% since March, Cook County Health officials said in a statement.

Since May 8, most of the new cases have come from detainees entering the jail, rather than people who were already in custody, officials said.

They credited the decline to interventions implemented since the beginning of the year, including opening unused divisions to accommodate social distancing, converting available cells to single-occupancy and enhanced testing.

"As we watched this pandemic approach Cook County, we understood the potential impact it could have at the jail and worked with our public safety partners to release non-violent offenders," Cook County Board President Toni Preckwinkle said in the statement. "This was both the right thing to do for these individuals and the right thing to do to mitigate spread inside the jail."

In March, the jail released several detainees deemed "highly vulnerable" to the coronavirus.

Earlier this month, the jail ran out of electronic monitoring bracelets, which inmate advocates warned could strain the sheriff's office's ability to socially distance detainees.

As of Friday evening, 115 detainees are currently positive for COVID-19, according to the Cook County sheriff's office. So far, seven detainees and three sheriff's office employees, including two correctional officers, have died from the virus.



Coronavirus Chicago: Cook County Jail sees 'steady decrease' in COVID-19 cases, officials say

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Sen. Durbin hits the ‘frontline’ of the county’s battle against COVID-19

May 15, 2020



Debra Carey, the interim CEO of Cook County Health, joins Cook County Board President Toni Preckwinkle and Sen. Dick Durbin to talk about the county’s COVID-19 response. | Rachel Hinton/ Sun-Times

Sen. Dick Durbin visited Stroger Hospital Friday morning, calling the hospital the “frontline of a battle against COVID-19” ahead of a potential vote on a bill that could provide another round of funding for testing.

The battle against the deadly coronavirus should include more money for testing, Durbin said, standing outside of tents that serve as walk-up and drive-thru testing sites for county health patients and employees on the hospital grounds.

“The good news is that there’s \$483 million coming into the state of Illinois and the city of Chicago from that federal appropriation that was announced last night with the Centers for Disease Control,” the Springfield Democrat said.

“That is money that will be used for testing — we absolutely, positively need to have even more. A new bill before Congress that may be voted on today could provide another \$75 billion for testing, and when the president stands up and says ‘we have prevailed over COVID-19,’ he is just flat out wrong. ... This is still a battle that we have to win.”

Half of the 250 patients at the county’s marquee hospital have COVID-19, Debra Carey, Cook County Health’s interim CEO, said. Cook County Board President Toni Preckwinkle said caring for those who seek the county’s help, sometimes without a means to pay for the care they receive, has proved a “tremendous challenge” for the health care system.

“This health and hospital system has served our county for 180 years. It’s always taken in anyone who comes through our doors regardless of their race or gender, sexual orientation, immigration status or ability to pay,” Preckwinkle said. “And this challenge, this pandemic challenge, just reflects the incredible health inequities that we see in our county and our country ... This is not a red state or a blue state issue, local government all across the country are hurting.”

The county is already facing a \$200 million revenue shortfall because of the pandemic’s effect on the economy, and yesterday the county reached a grim milestone, surpassing Queens County in New York as the U.S. county with the most coronavirus cases Thursday, based on a Sun-Times analysis of the latest public data.

As of Thursday, there were 58,457 total cases of COVID-19 recorded in Cook County, which includes all of Chicago and many suburbs, after officials added 2,051 new cases in the last 24 hours. Queens, by comparison, added only 336 cases over the same time frame to bring its total to 58,084.

Durbin said more federal help would be needed to help lower the coronavirus case load.

“If we are going to fight this successfully, spare people suffering and death, if we’re going to reopen this economy, we can’t announce we have prevailed,” Durbin said. “We have not prevailed, [the] battle still continues, but testing is critical to prevailing, this \$483 million to our state will help. We need more.”



Coronavirus Illinois: Sen. Dick Durbin, Cook Co. President Toni Preckwinkle tour COVID-19 testing facility at Stroger Hospital

May 15, 2020

U.S. Sen. Dick Durbin joined Cook County officials to tour the testing facility at Stroger Hospital Friday morning. The testing facility at 1969 W. Ogden Ave. allows for both drive-thru and walkup testing for coronavirus.

Durbin was joined by Cook County Board President Toni Preckwinkle and Cook County Health Interim CEO Debra Carey for the tour of the facility.



Durbin, Preckwinkle Visit Stroger Hospital COVID-19 Testing Site

May 15, 2020

Illinois U.S. Senator Dick Durbin and Cook County Board President Toni Preckwinkle took an up-close look at Stroger Hospital's new COVID-19 testing facility.

The site, at 1969 West Ogden, offers both drive through and walk-up testing services.

Durbin said testing is the only way to have peace of mind once moving forward with a diagnosis.

"The good news is that there's \$483 million dollars paid to the state and the city of Chicago from a federal appropriation. It was announced last night and that will be used for testing," Durbin said.

President Preckwinkle said she was told about half the patients at Stroger have COVID-19 and they are uninsured.



Durbin, Preckwinkle visit coronavirus testing facility at Stroger Hospital

May 15, 2020

U.S. Sen. Dick Durbin (D-IL) and Cook County Board President Toni Preckwinkle on Friday visited the COVID-19 testing facility at Stroger Hospital.

The visit came on the heels of the news that Cook County is set to overtake Queens, New York as the county with the most COVID-19 cases nationwide, according to a Chicago Sun-Times analysis.

“Half of our patients, half of our patients in the hospital right now are COVID-19 patients,” said Preckwinkle.

Durbin said it would be a catastrophe for Cook County and Stroger Hospital if the uninsured lose their Affordable Care Act coverage during a global health crisis.

“The Supreme Court now has the Affordable Care Act before it, and could strike it down next week,” he said. “It’d be gone. Then where would we be? Twenty million Americans are counting on the Affordable Care Act. We’ve got to keep it there.”

Stroger Hospital — like many safety net hospitals across Chicago — plays a vital role in underserved communities.

“This pandemic has highlighted the health inequities that have always plagued our country,” said Preckwinkle.

More than half of all the COVID-19 deaths in Illinois have happened in Cook County.

Durbin offered encouraging news Friday, announcing the allocation of federal money. Nearly half a billion dollars issued by the Centers for Disease Control and Prevention (CDC) earmarked for Chicago and Illinois.

Durbin said that money will be used to boost testing capacity across the state.

Coronavirus Illinois: Sen. Dick Durbin, Cook Co. President Toni Preckwinkle tour COVID-19 testing facility at Stroger Hospital

May 15, 2020



U.S. Sen. Dick Durbin joined Cook County officials to tour the testing facility at Stroger Hospital.

Simulation lab trains frontline workers for a variety of intubation scenarios

May 14, 2020



It's a delicate procedure that takes skill and a steady hand. Intubation is often necessary when a patient is struggling to breathe. And during the pandemic, it's all hands on deck.

At a simulation lab at Cook County Health emergency medicine physician Dr. Michelle Sergel has been running drills for hundreds of frontline workers.

A COVID-19 patient's blood-oxygen level can plummet in a matter of minutes.

"Their mental status may change. They look visibly air hungry," Sergel said. "They could start breathing quicker, faster ... getting sweaty, explaining they have pain in multiple places."

The care team must make quick decisions.

The airway is stretched open and a plastic tube is inserted. Then air is manually pumped through the tube.

"Some of the other nuances we have to blend in are the nuances associated with COVID," Sergel said. "(Like) making sure we're decreasing the aerosolization, making sure we can do it with all of this equipment on. It's very hot and hard to breathe. It's hard to hear each other ... feel like we're yelling at each other."

When the mechanical ventilator arrives, it's a split second transition.

Medical workers who don't typically perform intubations, but may be called to do so during the pandemic, also learn at the simulation lab.

"We need reinforcements because if the frontline gets ill or needs to rest, there needs to be more people that are ready to jump in," Sergel said.

Cook County Health hospitalist Dr Thomas Sweder is one of the trainees. He takes care of a range of COVID-19 patients but for now relies on a critical care team if a patient needs intubation.

“I learned intubation when I was in med school and the last time I intubated was over 15 years ago,” he said. “One thing that is very clear that I’ve seen is how fast these patients can change sometimes. I’ve seen the pattern that for a couple days a patient needs a little more oxygen, a little more two, three, four liters over the course of a day or two. Then very quickly, over hours, suddenly is in complete respiratory failure and needs to go to the ICU.”

“Not every doctor knows how to intubate,” Sergel said. “Not every doctor knows these emergency procedures or critical care management. So to get those groups ready to jump in and help the frontline – it was very important to train those people.”

The scenarios in the simulation lab vary from simple to more complicated and often perplexing cases. That’s why the drills are critical as healthcare providers are learning on the fly when it comes to COVID-19.

“It’s creating the perfect storm. It’s truly preparing the clinician to land the plane in the proverbial Hudson,” Sergel said. “So it’s really making sure that, God forbid, when you’re faced with that nightmare you’ve got some muscle memory and some recollection of practicing this with your medical team. It’s priceless.”



Cook County lab prepares healthcare workers for their 'worst nightmares' when treating COVID-19

May 14, 2020



Dr. Michelle Sergel, director of the Cook County Health Simulation Center, talks about how they're preparing healthcare workers for the horrors of treating coronavirus.

They are not doctors or nurses. But they share the same elevated exposure to coronavirus, and they feel forgotten.

May 14, 2020

When she uses her equipment to assess the kidneys of COVID-19 patients, Angela Huang scoots her machine so close that she and the patient are often hip to hip.

As a diagnostic medical sonographer at a Chicago hospital, Huang is sometimes in the rooms of patients with the coronavirus for an hour. She holds the hands of people nervous about procedures; she scans their organs.

“You are with your machine within 2 feet of the patient,” she said. “You are intimately connected with them.”

It’s a fascinating job she loves. But it’s a role now putting her at more risk than she ever imagined.

Huang is one of thousands of people who work in hospitals who are not doctors or nurses, but who share the same elevated exposure to the coronavirus. They walk through the same doors, use the same elevator buttons and take the same precautions when they return home to their families. They are food service workers who bring in trays and cut up food for patients, electricians who travel throughout a hospital to change lightbulbs and receptionists who welcome patients. And many say they feel forgotten.

“People feel overlooked,” Huang said, “and they’re definitely a part of that front line.”

According to the Illinois Department of Public Health, at least 5,913 Illinoisans who work in health care have tested positive for COVID-19, and 34 have died. And the numbers are likely larger because of inconsistencies and omissions in data collected.

Nationally, the Centers for Disease Control and Prevention reported about 9,000 cases of COVID-19 among health care personnel, a wide designation that includes pharmacists, laboratory workers, security guards and clerical staff. Within this group, 90% were not hospitalized, and 27 people died. A CDC spokeswoman noted this data is likely an underestimate.

Greg Kelley, president of SEIU Healthcare Illinois, said the union has been trying to find out from hospitals how many members have been sick. Employees the union represents include clerical workers, lab assistants, dietitians, physical therapists and cooks. These are hospital workers like Juan Martinez, a surgical technologist who died in April, just days before his planned retirement date, after testing positive for the virus.

“The virus doesn’t discriminate,” Kelley said. “We have too often focused on doctors and nurses, and while obviously they are critically important to the team, there are thousands of workers who aren’t doctors, who aren’t registered nurses, who are also working on the front line, who are too often forgotten, who aren’t protected.”

In April, Jefferey Haggins, a mental health aide at Loretto Hospital, got a fever and began experiencing shortness of breath, then fatigue. He tested positive for COVID-19. Haggins spoke to reporters from a hospital bed in intensive care, where he lay prone with oxygen support. He has since been discharged.

His unit saw COVID-19 patients daily, he said. He had access to masks, but brought his own hand sanitizer.

“We don’t feel protected,” he said. “We have to fight and scratch and claw to get the basic, the below basic, of necessities.”

The risks that all workers are taking should be offset by hazard pay for everyone, as well as protective gear that is easily accessible, Kelley said, adding that all hospitals should have widespread testing available to workers.

As an emergency room technician at Loretto Hospital, Wellington Thomas’ duties include lifesaving measures such as assisting with ventilation and wound care. He said he is concerned about whether enough protective gear will be consistently available and where it will be distributed.

“We do take care of patients,” he said. “The problem in this situation we’re facing right now is, are we being taken care of?”

Michael Hickey, an electrician at Provident Hospital, works around the hospital, making sure no light is out. He wants patients arriving at the hospital to feel the place is cared for and, therefore, they will be too. Nonetheless, he worries about his safety.

“I’ve got two kids at home. I’ve got a wife at home, my parents are in their 70s, her parents are in their 70s, and I’m a diabetic,” he said. “When you click off a couple of different checkmarks on that list, I was super nervous. I’m still super nervous about it.”

As a housekeeping specialist at Northwestern Memorial Hospital, Candice Martinez does not know a patient’s illness when she enters a room to clean. Early on, some patient rooms were marked with a COVID-19 designation. However, some were not. Martinez tested positive in March for the coronavirus.

“I started feeling achy, then my throat started hurting,” said Martinez, who returned to work this month. “It’s scary because I’m not sure how this is supposed to play out.”

She said as the pandemic began to spread and more patients were admitted, she was provided with protective gear, but not every workday. She was given only surgical masks, not N95 respirators.

During each shift at her hospital, Huang visits patients in the COVID-19 unit. The first time she walked in, she said she was spooked by the plastic sheets separating the unit from the rest of the hospital.

Her first COVID-19 patient had a seizure during her scan. When she arrived with her equipment to scan her second patient, a doctor outside told her the patient had just passed away.

These days, the long process to put on protective gear has become a new normal for Huang. But as a single mom, she worries about bringing the virus home to her son.

Recently, Huang was in a room with a 95-year-old patient with the coronavirus. The patient was nervous about having a catheter put in, so Huang went to find someone to help calm her.

“It’s really an honor to be able to scan COVID patients right now,” she said. “They’re not allowed visitors, and often times we are one of the only people that they see.”

Huang walked outside the room to see if someone could assist. The first person she saw was not a medical worker, but a housekeeping specialist passing by. Huang asked if she would be willing to come in and hold the woman’s hand.

“She did not hesitate,” Huang said. “She jumped in and grabbed a gown.”

Cook County: From Rapid Response to Equitable Recovery

May 14, 2020

Toni Preckwinkle

Below are my prepared remarks from this morning's — May 14, 2020 — virtual City Club of Chicago address where I delivered a speech highlighting Cook County's initial, rapid response to the COVID-19 crisis and the measures needed to ensure an equitable recovery.

Good morning.

This is a challenging moment in history as we confront the COVID-19 pandemic together.

As many have said, this time is not unprecedented. I am a former history teacher, and when I read the news coming from Wuhan, China last winter, I purchased a book on the 1918 Spanish Flu pandemic.

It was a sobering warning of what was to come.

I wanted to understand how the world responded to that crisis, what we could do to prepare, and what we could do differently to improve upon that response.

I feared that the public health crisis would also rapidly become an economic crisis. I knew that this virus would require the kind of government response we saw during the Great Depression.

And we are seeing this play out on every level. Our local governments are acting more quickly than ever before. Sweeping stimulus legislation is moving through Congress. I have spent some of my evenings thinking about Franklin and Eleanor Roosevelt and the New Deal.

These were big ideas and big plans with an even bigger impact.

But big ideas are not enough.

We have a moral obligation to focus on equity as well.

Our recovery from this pandemic MUST include everyone. It must include those communities that have been impacted the most. It must include our Black and Latinx communities, because we have already seen that with COVID-19, as is true of every other crisis, our Black and brown communities are hit the hardest.

As was true in the 1918 pandemic, the number of infections is staggering. And the unemployment rate is the highest it's been since the Great Depression. The Chicago heat wave of 1995 and the 2008 recession, with the subsequent mortgage crisis, are also more recent lessons to draw from.

In July of 1995, a brutal heat wave killed more than 700 people in Chicago — and most of those deaths were in African Americans. They were communities already devastated by structural racism: redlining, lack of access to healthcare, lack of healthy food and overpolicing. The government was not prepared to respond to that crisis with an equity lens.

In 1995, no one addressed the root causes of inequity that led to those preventable deaths. We saw something very similar in 2008. The mortgage crisis and Great Recession — what many, naively, called a “once in a generation event” — devastated communities of color throughout the nation.

Here in Cook County, Black families that had spent generations amassing enough wealth to finally own their own homes saw that wealth wiped out in a matter of months. Their homes were foreclosed upon by predatory lenders and their home equity vanished.

Since then, Black homeownership has fallen to the rates we saw in the 1940s. They still have not recovered. In Cook County, however, under my administration, we have worked to mitigate these disastrous events with an equity lens. We launched the Cook County Land Bank Authority which works with community developers to rehab homes and sell them to homeowners at affordable prices, to bring the dream of homeownership back to these devastated communities.

We launched the Chicago Cook Workforce Partnership, to help residents find jobs that pay a living wage, with career pathways and certifications. We helped homeowners fight foreclosures to give them a chance to save their family homes.

More recently, in 2019 we launched the Southland Development Authority to catalyze growth and investment in the south suburbs, because this part of the County has not recovered from the 2008 recession.

The difference between 1918, 1929, 1995, 2008, and today is that we will not allow government to naively assume everyone will be hit equally hard by this pandemic.

Today, we know that we need to use an equity lens to distribute resources according to need, acknowledge the history of structural racism that led to these health and economic inequities, and listen to what impacted communities really need from us.

We also know that we cannot do this alone. We must partner with other units of government and I want to acknowledge Mayor Lightfoot for her leadership during this pandemic.

We also must partner philanthropic entities, community-based organizations and, private sector companies. We can only get through this with strong partnerships and collaboration, at every level.

If we don't help our elderly and immune-compromised neighbors get groceries and other essentials, they might not survive.

If we don't check on our friends, our parents, our coworkers, our congregants — they, too, might not survive. It is not just our academic moral responsibility to care for others — it is a matter of life or death.

During this time of physical distancing and virtual interaction, many of us feel more alone than ever. But know that you are not alone. We are not alone. And Cook County is here to help.

That is why I am proud to release our plan to recover from the COVID-19 pandemic, together.

Today, we have published the Cook County COVID-19 Response Plan: From Rapid Response to Equitable Recovery. This plan affirms our commitments, our priorities, and our actions in response to COVID-19, both now and over the next two years.

Our response plan details the actions we have taken since January to respond to the impending crisis. Despite federal inaction, we began preparation in earnest.

Cook County Health and Cook County Department of Public Health:

- prepared for surges in patients
- engaged with community partners to implement public health guidelines
- tested Cook County Health patients and staff
- conducted extensive contact tracing,
- and established a multilingual hotline and email for resident questions and concerns.

Since January, Cook County Health has tested and treated thousands of patients and staff, including patients without the ability to pay, and staff and detainees at the Cook County Jail.

Cook County Health re-structured the Emergency Room at Provident Hospital to enable physical distancing.

They moved services to telehealth to keep patients safe while still serving nearly 1,000 people at the hospital during the ER closure. We deployed additional staff to Stroger Hospital and Cermak Health — the treatment unit at the Jail. And as always, Cook County Health has honored our mission to serve those in need, regardless of ability to pay.

The Cook County Department of Emergency Management and Regional Security activated the Emergency Operations Center on March 3. They began immediately coordinating with hospitals, municipalities and first responders throughout Cook County to provide extensive support. They've distributed more than 2 million pieces of PPE to first responders, senior living facilities and municipalities.

EMRS worked closely with the Cook County Department of Public Health to launch an Alternative Housing Program for those who did not need hospitalization, but could not safely self-isolate at home.

EMRS also worked closely with the Cook County Medical Examiner's Office to open a surge center and several mobile storage units to ensure that all who succumbed to COVID-19 were treated with utmost dignity and respect, and that their families could have sufficient time to make funeral arrangements.

To repeat the words of our Cook County Medical Examiner — we treat those who come through our doors as if they are our loved ones.

Our Cook County Justice Advisory Council coordinated efforts to safely release more than 27% of the Cook County Jail population from February to May 2020. Jails are petri dishes, and our public health experts told us that detainees could not safely practice social distancing unless the population could be significantly reduced, putting both staff and detainees in grave danger.

Today, the jail population has reached a record low of just over 4,000 — down from almost 11,000 in 2013. We could never have achieved this if we hadn't worked diligently with our partners through the MacArthur Safety and Justice Challenge to carefully and sustainably reduce the jail population over the past several years.

We rapidly reduced the jail population by providing extra health and housing supports to all those who were released, to ensure that there was no negative impact on community safety.

Not a single person was turned away who needed housing.

We could not have achieved this without the valiant and dedicated work of Treatment Alternatives for Safer Communities (TASC), Henry's Sober Living, New Beginnings and Claudia & Eddie's Place. I want to thank these partners.

The Bureau of Technology, or BOT as we call it, provided extra telecommunications infrastructure at Cook County Jail so detainees could conduct video visitations after physical distancing policies were enacted.

BOT also provided assistance to enable our Cook County emergency court hearings, and helped Offices Under the President to safely work from home, on a large scale, while still providing vital services online. We were able to keep our employees and the residents we serve, safe, through this measure.

The Bureau of Economic Development rolled out the Community Recovery Initiative, providing an expansive and language-accessible Technical Assistance Network to small businesses, nonprofits and independent contractors. Economic Development also created a new loan fund, as part of this initiative, to provide zero-interest, rapid loans of up to \$20,000 to very small businesses and independent contractors.

This technical assistance network was provided in partnership with the American Business Immigration COALITION, the Illinois Restaurant Association, and the National Partnership for New Americans.

The Bureau was able to help 179 businesses access more than \$3 million dollars from the Paycheck Protection Program. I also want to thank these important partners for their good work.

The Bureau of Finance deferred \$45 million worth of taxes, fines and fees for April, May and June to provide financial relief to businesses and residents.

These are just a few of the major initiatives I wanted to share regarding Cook County's rapid response to the pandemic. Cook County staff members have been working hard over the past several months to help residents and businesses. They have worked long hours and weekends, many while caring for children and families.

Staff members such as Dan Ryan. Dan is an operating Engineer at our Leighton Courthouse. He has two young daughters with severe heart conditions who are at high risk. He quarantined from his children as he was in contact with an individual who tested positive for COVID. Other than the few days he took off to ensure he was not positive and going to get tested and re-tested, Mr. Ryan continues to come to work every day.

For their safety, he continues to keep his distance from his 6 and 8-year-old daughters — foregoing hugs and other tender moments that make him a doting father.

There's also William Cantrell — one of the best custodians we have in the County.

Mr. Cantrell routinely offers to help finish other employees' sections when someone takes the day off. This includes ensuring the Markham Courthouse is not just clean, but also sanitized.

I am grateful for our essential employees such as Mr. Ryan and Mr. Cantrell — and all of our County employees who have gone above and beyond to help in this crisis.

When we think back to 1995, or 2008, what makes our approach today so unique is that each and every agency I have mentioned has used an equitable approach:

- we prioritized PPE requests according to need.
- We prioritized language accessibility.
- There are Sign Language Interpreters at all our press conferences.
- The Public Health hotline is multilingual.
- ALERTCOOK is a texting service to reach those who might not have computers, but still need to hear updates from us.
- We surveyed our community partners and advocates to hear their needs.
- We made sure that our Community Recovery Initiative was open to all, regardless of immigration status, because we are a Welcoming County.
- We prioritized very small businesses and independent contractors with the Community Recovery Initiative. We knew those businesses and gig workers were predominantly minorities — and especially women of color — and that we needed to protect our most vulnerable.

Cook County is taking an equitable approach to our long-term recovery efforts, and we have adopted a new set of principles to guide our work. This work will align with the work already underway through the Policy Roadmap: the Five-Year Strategic Plan for Offices Under the President.

Given the exceptional circumstances in this emergency, we commit to initiatives that:

1. Provide support in areas where Cook County has the authority and resources to have the greatest impact.
2. Prioritize support for Cook County's most vulnerable populations by using a racial equity lens.
3. Maintain continuity of essential public services for residents and businesses throughout Cook County.
4. Coordinate efforts with other units of government to strategically leverage shared resources.
5. Focus on suburban Cook County, which has substantial needs but limited resources.

Our core values, Equity, Excellence, and Engagement, are centered throughout the Equitable Recovery phase of this plan.

The full plan can be accessed at our website, but I would like to discuss three initiatives today. These initiatives address the root causes of inequity, include our community partners and residents, and ensure that when Cook County recovers from this crisis, we will recover together. Our recovery will encompass everyone — not just those who have the most access to resources.

I spoke about Digital Equity at my last City Club speech at Maggiano's last September. That seems like very long ago now, and Maggiano's, like every restaurant in Illinois is closed for dine-in business.

I am grateful that City Club allowed me to virtually re-open their civic engagement platform with this address, I look forward to sharing a comforting plate of Italian food with you all when Maggiano's can safely reopen.

But this livestream, like so many things these days, is only accessible to you if you have high-speed internet access. It is estimated that one-quarter of our Cook County residents lack high-speed internet, and those rates are much higher for people of color.

While digital equity mattered before, it matters even more now.

Students are languishing at home, unable to complete their homework without laptops, and missing Zoom classes because they don't have high bandwidth.

Families struggle to apply for unemployment relief because they can't fill out applications on their phones.

We CANNOT allow a quarter of Cook County to fall further behind as we recover, digitally, during the next phase of this crisis.

That is why we are formally announcing the work of CODE: The Council on Digital Equity. This Cook County initiative has been charged with overseeing our efforts to advance digital equity.

As part of our work to advance digital equity, we are also proud to launch a new open learning platform with the University of Chicago Office of Civic Engagement. Soon, we will launch a website for all County residents with 6 weeks of engaging lectures. This content will be curated by the University of Chicago's Office of Civic Engagement and made easily available and accessible on a new website. As a UChicago alum, I'm excited about this new educational engagement opportunity for our residents. We are calling the learning platform: Cook County Presents — Open Lectures for Residents: in partnership with The University of Chicago Office of Civic Engagement.

I plan to watch more than a few of the lectures myself — especially the American history related lectures!

The second initiative I would like to share is the Fair Transit demonstration project.

While the stay-at-home order has caused transit ridership to fall dramatically, many essential workers have still have to ride public transit to their jobs. Our grocery store workers, pharmacy assistants, nurses, and line cooks need affordable, accessible transit more than ever.

That's why we are moving forward with the Fair Transit demonstration project. The Cook County Department of Transportation and Highways continues to work with our regional transit partners — Pace, Metra and CTA during this challenging time for Transit. We are advancing this comprehensive initiative to bring affordable, accessible transit to more riders on the south side of Chicago and in the south and southwest suburbs. Many of these riders are the workers we have historically undervalued — until now that is.

And the last initiative I am excited to announce is our new Community Advisory Council. As we have responded to COVID-19, the breakdown in communication — especially on digital platforms — has been highlighted.

Yet, engagement between communities and governments has never been more urgent.

That is why we are launching a Community Advisory Council.

This council will be composed of community leaders and advocates. They will:

- evaluate our efforts according to the COVID-19 Response Plan
- provide feedback from their communities on its effectiveness, existing gaps in service,
- and explore potential areas for partnership.

The Council will also serve as an important conduit back out to their communities to let residents know what Cook County is doing and what resources we can provide.

We also have a feedback form on the website, and would love to hear your thoughts on how we can partner, how we can improve, and how we can add to the plan.

I encourage you to participate in this plan, because we cannot bring full recovery to Cook County without — you.

COVID-19 has shown us that not all heroes wear capes, but make no mistake, they are absolutely all around us. We all must play a role in recovery alongside our everyday heroes.

Our delivery drivers, our postal workers, our transit workers, our grocery store clerks and volunteers at the Greater Chicago Food Depository. The Depository is a long time partner I want to especially thank.

And our healthcare workers — like my daughter, a dialysis nurse who is on the front lines of this crisis putting the lives of others above her own. I worry about her and I thank her for her service during this pandemic.

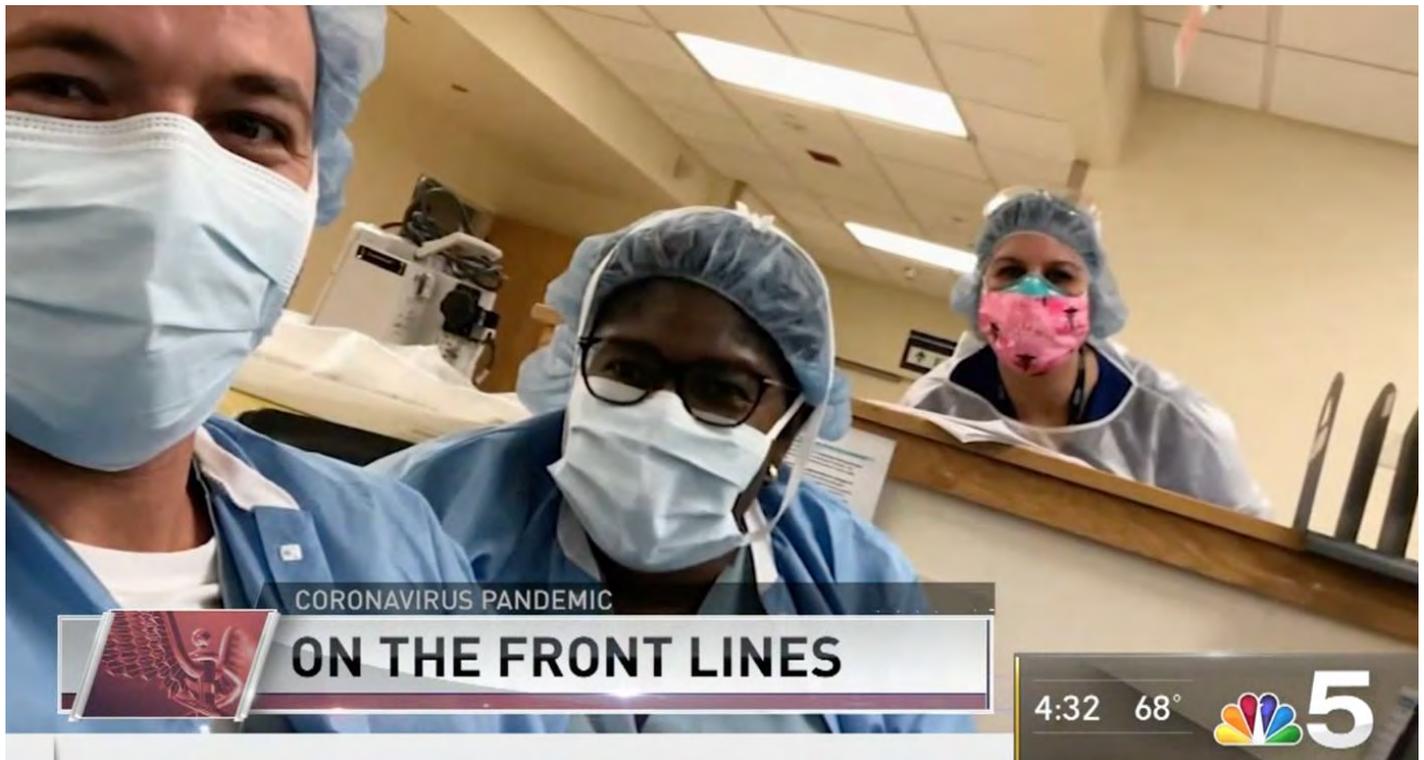
And there are so many more.

Together, we will get through this, as one Cook County.

Thank you.

'It's Intense': A Day in the Life of a Cook County Nurse During the Coronavirus Pandemic

May 13, 2020 – NBC 5 Chicago



A nurse in the Cook County Health System tells NBC 5's Kye Martin about the stress of working during the coronavirus pandemic, the support that keeps her going and the many hot showers needed to keep herself and her family safe.



Police, Sheriff's Officers Salute Healthcare Workers For National Hospital Week

May 13, 2020

The Blue Angels aren't the only ones saying thank you to healthcare workers during National Hospital Week. Local law enforcement officers on Wednesday recognized hospital staff for their dedication during the coronavirus pandemic.

There's been no shortage of difficult times at Holy Cross Hospital, or other hospitals across the country lately, but on Wednesday they were given a brief opportunity to forget about all that's wrong and realize what they're doing every day is appreciated.

Chicago police officers from the Ogden District officers honored healthcare workers at Holy Cross, where people have been working tirelessly during this pandemic. Police cars passed by the hospital one after another, lights on, and sirens sounding.

Holy Cross staffers lined the sidewalk; many waving, others in awe of the recognition they were receiving.

"A lot of times, we're like the hidden heroes. We don't get a lot of acknowledgment," registered nurse Jammie Lewis said.

Lewis has been working in healthcare for well over 20 years.

"People have really stepped up for nurses, and really brought it to the forefront how hard we really work," Lewis said.

Minutes before the special police procession arrived, Lewis admitted she might get a little emotional.

"I don't want to be snorting and crying," she said.

When the time came, not only did she keep her composure, she snapped a selfie on her cell phone.

A similar show of support took place at the same time about eight miles north at Stroger Hospital, where the Cook County Sheriff's Office also saluted healthcare staff.

"God bless all you guys for what you do," Sheriff Tom Dart said to hospital staff over a loudspeaker.

Forty sheriff's deputy vehicles parked outside Stroger's emergency room, an acknowledgement of all the hard work being done within the hospital walls.

"Just having this kind of show of support means a lot," said Dr. Robert Feldman.

National Hospitals Week continues through Saturday.



Illinois Medical District Donates a Wall for "Murals for Medical Relief" Art Series Sponsored by Muros and VINCO to Honor Chicago's Healthcare Heroes and Raise Funds for Local Hospitals

May 13, 2020

Muros, a Chicago-based global art activation agency, today announced that the Illinois Medical District (IMD) is the latest organization to donate a wall toward Murals for Medical Relief, a pop-up series of art installations coordinated by Muros and VINCO in May and painted by local artists to visually honor the life-saving efforts of Chicago's healthcare heroes on the frontlines of the COVID-19 crisis. Local fine artist Max Sansing will commence the fourth mural Friday, May 15 at 8 a.m. CT, on the IMD building located at 2240 W. Ogden Ave. He follows artists Dwight White II who painted "Super Lu" at Lulu's Hot Dogs, Joseph Renda Jr. who created "Growth for a Better Day" at Chilango Mexican Street Food and (Sub)Urban Warrior (Natalie Shugailo) who is currently painting Onward, Upward at Pompei. Several additional murals are planned.

Murals for Medical Relief's intent is to pay tribute to the dedication and sacrifice of Chicago's healthcare workers, brighten the community, spread hope in uncertain times and raise funds for hospitals whose resources are strained by the COVID-19 pandemic. It's also a fundraiser to collect a minimum of \$50,000 for local disaster relief. Donations will be given to Chicago-area hospitals, including [Cook County Health \(John H. Stroger Hospital\)](#), Northwestern Memorial, Rush University Medical Center and UIC/UI Health. Donations can be made here.

"We're so appreciative of the courage and sacrifice of Chicago's healthcare workers, and this mural and the relief project it supports let us express our appreciation in a creative way that can lift people's spirits," said Dr. Suzet McKinney, CEO and executive director of the IMD. "This is a difficult time, particularly for communities and workers who are bearing the brunt of the impact, and we stand with them."

The IMD nurtures the next generation of innovators who are reshaping the practice of medicine. More than 40 healthcare organizations are located in the 560-acre district, two miles from downtown. That makes the IMD an ideal location for a mural honoring healthcare workers. It's a diverse neighborhood, making the location a good fit since COVID-19 has compounded and highlighted longstanding health disparities faced by communities of color. This initiative, although small in nature, is working to directly bring hope and inspiration to the IMD and its surrounding communities.

"We're incredibly grateful to Dr. McKinney and the IMD team for donating the space to create the latest mural," said Mateo Connor, co-founder of Muros. "And we're so thankful for the dedication and professionalism of our Chicago healthcare workers. The IMD area has approximately 30,000 employees and 50,000 daily visitors, and we hope the murals will provide joy and inspiration to everyone who sees them."

Sansing, a Chicago native and one of the city's most prolific and talented muralists, will paint the IMD mural from Friday May 15, to Wednesday, May 20, between the hours of 8 a.m. to 3 p.m. daily. Known for a distinct aesthetic that fuses the color-drenched dynamism of street art with the technical elegance of photorealism, Sansing is committed to Chicago and works with youth art programs in underserved areas.

Murals for Medical Relief will sponsor new mural projects in Chicago throughout the month of May and potentially beyond, distributing all donations received through the project's GoFundMe page to area hospitals. Find out more about the project at [muralsformedicalrelief.com](#).

Health Pulse: Edward-Elmhurst plans outpatient center • Patients tested for COVID before undergoing surgery • Strong demand for mental health services

May 13, 2020

COOK COUNTY HEALTH IN HYDROXYCHLOROQUINE CLINICAL TRIAL: Cook County Health is one of six sites participating in a clinical trial investigating whether hydroxychloroquine, a commonly used antimalarial and autoimmune drug touted by President Trump, can prevent a COVID-19 infection, the county health system said in a statement. The trial is funded by the Bill & Melinda Gates Foundation through the University of Washington.

Chicago Tribune

Cook County Health simulation lab prepares for ‘worst of the worst’ as coronavirus pandemic rages on

May 12, 2020

About 15 years before the novel coronavirus, Cook County Health set up a facility to train medical professionals in emergency preparedness.

So when the county first got word around early March that a novel coronavirus outbreak could devastate the region, officials called on the Cook County Health Simulation Center to help. Now, hundreds of doctors, nurses, medical students and more are learning how to care for critically ill COVID-19 patients — while utilizing a simplified ventilator that an international team of scientists and engineers is developing.

“The minute that this became a nationwide concern, we were asked to jump in and help,” the simulation center director Dr. Michelle Sergel said during a Tuesday news conference.

She described the center’s vigilance as preparing for “the worst of the worst.”

“We think of the absolute worst-case scenarios,” Sergel said. “Anything, a plane hitting a building. Anything and everything. Things that make you stay up at night.”

Cook County Board President Toni Preckwinkle joined the news conference to underline the need for the center’s work. “It’s mission-critical for health care workers to be prepared to care for patients coming in who are critically ill due to COVID-19,” Preckwinkle said.

Training medical staff amid a pandemic comes with new challenges. Typically, professionals are pushed “to their limits” with high-touch technology in tight spaces to replicate the environment of an emergency situation, Sergel said. To ensure social distancing, only four professionals are now allowed inside the simulation center at once.

“We have become very creative in how we can train using social distancing, which is the opposite of what occurs in a typical simulation,” Sergel said.

Family medicine and clinic staffers are also coming to the center to adapt their skills for the pandemic. Dr. Thomas Sweder, director of the family medicine inpatient service at Cook County Health, is one of the simulation lab’s participants.

As a nearly 20-year veteran in the medical field, Sweder is used to treating patients with heart and kidney failure, pneumonia, strokes and other acute medical problems. But he hasn’t intubated a patient since his medical school residency days. At the simulation lab, Sweder is relearning old skills to prepare to go to the front lines of treating COVID-19 patients.

“The COVID-19 pandemic has pushed all of us in ways that we’ve never been pushed,” Sweder said Tuesday. “Nationwide, there are often more patients who require critical care than there are critical care providers.”

The simulation lab also is one of the few in the nation training staff using an ASL 5000 breathing simulator, which is part of an international project to craft a low-cost, simplified mechanical ventilator, officials said. That technology is preferred for COVID-19 patients because it produces less aerosolization.

The new ventilator is in the final stages of federal approval, according to Sergel.

County lab trains front line health care workers to deal with our ‘worst nightmares’

May 12, 2020

Dr. Michelle Sergel’s job is to imagine “the worst of the worst” — the sort of “things that make you stay up at night.”

Then she tries to devise a plan to fight it, so the rest of us can rest a little easier.

“My job is to figure out what our worst nightmares are and try to figure out how we can deal with them in an organized way so that we are helping with patient outcomes and protecting ourselves,” Sergel said.

Sergel is head of a Cook County health lab that is giving first responders hands-on training to care for COVID-positive patients as well as how to use a potential new ventilator as the county — and the nation — try to work through our current collective nightmare.

The county’s simulation lab is training doctors, nurses, residents, medical students, first responders and others across the county to “be prepared for critically ill COVID-19 patients,” Cook County Board President Toni Preckwinkle said Tuesday.

“[The simulation lab has] been critical to ensuring that all clinicians have the tools that they need if they’re called upon to work on the critical care unit at their hospitals,” Preckwinkle said.

The lab is also training doctors on using an ASL 5000 breathing simulator, which is part of the mechanical ventilator Milano project — an international collaboration that hopes to develop a low-cost, efficient way to build a ventilator, which is in the final stages of approval from the Food and Drug Administration.

Sergel said the lab she oversees is preparing for “the worst of the worst” when it comes to potential scenarios and the need for ventilators in the county “changes day by day.”

Sergel said the county’s ICUs are “getting very full,” much like those across the country, but the county’s hospitals are managing and, to her knowledge, the county hasn’t run out of ventilators.

“So it’s by design an area that we think of the absolute worst-case scenario — anything, you have a plane hitting a building, anything and everything — things that make you stay up at night,” she said.

So far, “hundreds” of people have been trained, including 113 nurses who’ve been prepared for critical care so they can be sent into ICUs, Sergel said.

Training for those on the front lines for coronavirus-related emergencies began at the end of February or early March, as soon as “it became nationally recognized that we were all going to have to launch and procure” medical professionals, Sergel said.

Sergel couldn’t offer estimates on how much the breathing simulator would cost or when it might receive FDA approval.

Preckwinkle said the county might hit its peak of COVID-19 cases before mid-June, Gov. J.B. Pritzker’s projected peak for the state. She said the governor “has to be mindful of the entire state,” not just the very vocal minority calling for him to hasten Illinois’ reopening.

“I think you have to understand that as we open the economy, more people will die,” Preckwinkle said. “These are very, very tough decisions to make . . . the more quickly we open the economy, the more we endanger people. I would be in favor of a gradual approach, and I think that’s where the governor is, I believe.”

Blue Angels honor fellow ‘frontline warriors’ – with flyover for grateful doctors and nurses

May 12, 2020

It was an emotional moment of release for dozens of doctors and nurses who gathered atop a parking garage attached to Rush University Hospital to watch the Blue Angels roar overhead Tuesday.

Woooooo!

They jumped, screamed, waved — and some cried.

It was an emotional moment of release for dozens of doctors and nurses who gathered atop a parking garage attached to Rush University Hospital to watch the Blue Angels roar overhead Tuesday — one of dozens of perches health care workers across the city took up to view the famed jets.

“This is for show, but they are our military, they’re our frontline warriors, such as ourselves these days, and just to see those guys think of us and put on that show is very touching and it makes you want to go back in the hospital and work even harder,” said Melissa Carey, a nurse who oversees anesthesia operations that are necessary to intubate — the medical term for inserting a tube into an airway — COVID-19 patients.

The Blue Angels — a group of precision-flying Navy jets that is regularly featured in air shows across the country — performed a flyby in Chicago Tuesday to honor health care and other essential workers.

The jets flew almost directly over Rush University Medical Center near Harrison and Ashland as they looped around the city.

Patients battling COVID-19 could be seen at their hospital room windows across from the parking garage.

“It’s just nice to be recognized and be able to take a step away and enjoy this for five minutes. It doesn’t even seem real,” said Kydie Schriver, a nurse who works with COVID-19 patients. “It was emotional. I teared up. But I’m a crier,” she said with a laugh.

The jets flew in a Delta triangle formation, about six feet apart from each other, as they passed over Chicago, Navy Chief Petty Officer Chad Pratt told the Chicago Sun-Times.



Health care workers at Stroger Hospital watch in front of the hospital's main entrance as the Navy's Blue Angels fly over Chicago in their honor, Tuesday morning, May 12, 2020. Annie Costabile/Sun-Times

Blue Angels fly over Chicago to honor workers on front lines of coronavirus fight

May 12, 2020

The U.S. Navy Blue Angels demonstration team put on a show for workers on the frontline of the pandemic Tuesday, soaring across the skies of Chicago to thank them for the difficult work they do on a daily basis.

“We salute and thank all healthcare workers, first responders and other essential personnel serving on the front lines of the fight against COVID-19,” the group said in a Facebook post announcing the flyover.

Melvis Bass-Green has been an ER nurse at Stroger Hospital for 28 years, and says the last two months treating COVID-19 patients have been some of the most difficult days of her career.

“We come here, and we come here to save lives and take care of patients, and we come here to be a support system, and we come here to take care of each other,” Bass-Green said.

The Blue Angels also flew over Indianapolis and Detroit Tuesday, as the legendary air team soars across the country to thank hospital workers, police officers, firefighters and others on the frontlines of the coronavirus pandemic.

“It makes us feel special and it makes us feel thought about and it makes us feel needed,” Bass-Green said.

Outside Stroger Hospital, a number of doctors, nurses and other staff members took a five-minute break Tuesday to soak in the sun and some well-deserved recognition.

“We’re inside, and so many times people don’t really know what we’re up to and you kind of feel like, ‘does the world care?’ but you see something like this and it’s a great morale boost,” Dr. Jordan Moskoff said.

For some in the group, a salute from one of the nation’s most storied military squadrons stirred feelings of patriotism during the pandemic, and a sense that no matter how bad things get on the ground, there’s always a reason to look up.

“We can beat this, we can come together as a country and face this head on,” physician’s assistant Ann Sikora-Jackson said.



Blue Angels fly over Chicago to honor health care workers amid COVID-19 pandemic

May 12, 2020

It was a sky-high tribute to the thousands of people working on the front lines of the COVID-19 pandemic. The Navy's Blue Angels paid a special visit to Chicago Tuesday to honor those workers.

More than 100 doctors, nurses and other Stroger employees gathered in front of the hospital to watch the Blue Angels scream across Chicago's skyline.

"I think it's really nice. We've all been working really, really hard. You can see the large crowd behind me. I think they all appreciate the gesture," said Dr. Michael Hoffman.

"It was beautiful because it shows that they appreciate it. The front line, the essential healthcare workers. For them to do that for us, it makes us feel better," said Tyrone Hawthorne.

The Blue Angels flew over several major Chicago area hospitals during Tuesday's 15-minute visit just before noon, and also saluted health care workers in Detroit and Indianapolis.

It was also a welcome break for those battling the virus, many of whom have been working virtually nonstop since the pandemic started two months ago.

"You know it's a nice break to come out. To feel the air on our face. When you're covered in all of the PPE and having all those barriers, it does feel nice," said Ann Sikora-Jackson.



Blue Angels fly over Chicago: US Navy salutes healthcare workers fighting coronavirus

May 12, 2020 – ABC 7 Chicago

The U.S. Navy Blue Angels saluted first responders and other essential workers as they flew over Chicago Tuesday.

The world-renowned Navy pilots have been paying tribute with a series of flyovers in major American cities.

The flights are funded by existing operations costs as part of the groups community outreach programs.

The 15-minute flyover began at 11:45 a.m. as the Blue Angels flew west from the lakefront over Chicago's South Side, then southwest over Oak Lawn before turning northward and flying back over the city's Southwest Side, including Gage Park and Back of the Yards.

The flight path then took them from the South Loop to the Northwest Side by 11:51 a.m., turning south near Norridge and flying over the near western suburbs of Franklin Park, Northlake and Melrose Park.

The Blue Angels then headed east over Oak Park and the city's Southwest Side before heading north along the Kennedy Expressway. Cutting across Chicago's North Side, the pilots made a loop over Lake Michigan near the Evanston border, then flew south along Chicago's entire lakefront around noon.

The lakefront remains closed, so people were being asked to watch the flyover from the safety of their own home. Officials discouraged people from traveling to see the flyover.

"I think it's awesome," said Annmarie McDonagh, director of emergency services at Cook County Hospital. "Our fire department has come out to salute our nurses, our police coming tomorrow for all of our hospital staff and then the Blue Angels, that is just super cool that they are flying over our hospital and Chicago and just saluting all of us. When I think of the Blue Angels, I think about their bravery and courage. And I think they are acknowledging our bravery and courage as well."

The Blue Angels also flew over Detroit Tuesday and headed to Indianapolis after Chicago.

The Blue Angels have already visited New York, Newark, Philadelphia. Baltimore, Washington D.C., Dallas-Fort Worth, Houston, New Orleans, Jacksonville and Miami.

The Blue Angels are a U.S. Navy Flight Demonstration Squadron based out of NAS Pensacola.

HIV preexposure prophylaxis underused by U.S. adolescents

May 11, 2020

Greater education and attention are needed to address the underuse of HIV preexposure prophylaxis (PrEP) by U.S. adolescents, according to a review.

“I would like for providers to be aware that PrEP exists and that more likely than not they are encountering youth that could benefit from it,” Dr. Allison L. Agwu from Johns Hopkins University School of Medicine, Baltimore, Maryland, told Reuters Health by email. “They can prescribe it instead of creating additional hurdles for youth by referring them out to get it.”

Adolescents and young adults accounted for 21% of new HIV diagnoses made in 2018 and, therefore, remain a high-priority population in need of HIV prevention.

Dr. Agwu and colleagues review the current status of HIV PrEP uptake among at-risk adolescents aged 13 to 19 years and recommendations for improving PrEP access, uptake, and future needed directions in their online report in *JAMA Pediatrics*.

An estimated 86% of New York adolescents eligible for PrEP had never been informed about PrEP by their health care professionals, yet awareness is a well-recognized step toward PrEP uptake. Only about 1.5% of adolescents younger than 18 who are at risk for HIV are receiving PrEP.

Both the Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force recommend routine HIV testing of persons ages 13 to 64, yet most adolescent specialists and general clinicians do not routinely offer HIV testing out of a lack of awareness or failure to see the need.

Among the hurdles to adolescent PrEP are issues of consent, confidentiality, and the rights of a minor, but the vulnerability of adolescents to financial barriers also limits access to PrEP services.

Social media campaigns, patient education, and integration of PrEP into school health programs could enhance knowledge and awareness of PrEP among adolescents.

Provision of youth-friendly PrEP, messaging by celebrities or other influencers, and integration of PrEP services into primary or general adolescent healthcare are among the approaches that could increase the acceptability of PrEP.

Harmonization of consent laws across states and guarantee of confidentiality to minors when desired are additional strategies for improving PrEP uptake among adolescents.

Financial limitations could be addressed by expansion of medication assistance programs, incorporation of comprehensive PrEP services into Title X programs, and subsidization of transportation and related costs.

Health care professionals should be trained on adolescent PrEP guidelines and should be encouraged to include routine HIV risk assessment in primary care adolescent visits. HIV risk prediction tools can be used to identify adolescents at risk for HIV.

While tenofovir disoproxil fumarate with emtricitabine-based PrEP has been the main combination for preventing HIV transmission in adolescents, its use has been associated with renal and bone toxicity, so more acceptable, safer, and lifestyle-congruent formulations and strategies are needed.

“PrEP is being under-utilized despite evidence that it could decrease HIV risk for adolescents,” Dr. Agwu said. “Providers are key to overcoming the barriers.”

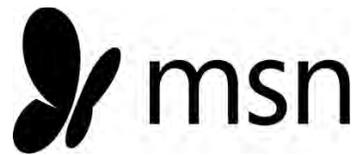
“Providers should not assume, but ask, identify those youth that may be at risk, test for sexually transmitted infections (STIs) and HIV, and then include PrEP in their package of things they offer adolescents to keep them safe,” she said.

“Normalizing sexual activity is important,” Dr. Agwu concluded. “Having PrEP be part of the conversation is one more tool to help our youth minimize their risk.”

Dr. Sybil Hosek from John Stroger Hospital of Cook County, Chicago, Illinois, who has researched various aspects of PrEP for adolescents, told Reuters Health by email, “For me, the most pressing issues are the role of the health care providers and the low rates of PrEP uptake, which are related. Too many pediatric and family practitioners continue to express discomfort with PrEP specifically, but also with sexual and reproductive health of youth in general.”

“For example,” she said, “only about 13% of U.S. high school seniors have had an HIV test (yet 57% have had sexual intercourse), but an HIV test is the gateway to PrEP. Adolescents, and their families, need trusted providers - as well as other trusted sources of information - to proactively address the sexual health needs of youth.”

“Adolescents have a complicated relationship with medications for many developmentally sound reasons, and the barriers around PrEP adherence and persistence need to be addressed as well,” Dr. Hosek said. “However, more effort must be devoted to introducing adolescents, families, and communities to PrEP as a highly efficacious HIV prevention strategy - otherwise uptake will remain low and infections will continue.”



Chicago nurse shares what it's like to work on the frontline of the pandemic

May 11, 2020



Tracey Ross, an emergency medicine nurse at Stroger Hospital, shares what it's like to be on the frontlines during the COVID-19 pandemic.

Chicago nurse shares what it's like to work on the frontline of the pandemic

May 11, 2020



Tracey Ross, an emergency medicine nurse at Stroger Hospital, shares what it's like to be on the frontlines during the COVID-19 pandemic.



Illinois Receives 1st Allotment of Remdesivir to Treat COVID-19 Patients: 90% Goes to Cook County

May 10, 2020

The only drug given emergency authorization by the Food and Drug Administration to treat patients with the coronavirus has arrived in Illinois, and more than 90% of it will go to patients being treated at hospitals in Cook County.

The 140 cases of remdesivir Illinois received Saturday contain enough vials to treat approximately 700 patients — about five patients per case.

But there's not enough to go around, in Illinois or elsewhere.

As of Sunday, there are 1,232 patients across Illinois in intensive care units, 709 of whom are on ventilators, with the number of cases continuing to rise.

There's been frustration at the federal level about how the antiviral drug will be allocated, given its limited supply.

It's likely that frustration will carry over in Illinois.

The state has distributed the initial 140 cases of medicine to 14 hospitals throughout the state – with 127 cases going to health care facilities in Cook County. The other 13 cases went to hospitals in O'Fallon, Peoria, Rockford and Springfield.

"It is impossible for every hospital in Illinois to get a case of remdesivir," Illinois Department of Public Health Director Dr. Ngozi Ezike wrote in a letter dated Saturday that's addressed to Illinois hospital chief medical officers.

Ezike said the IDPH established criteria to determine how to disperse the drug that officials "think is equitable, transparent and data-driven."

The criteria calls for prioritizing "hospitals that have seen the most critically ill COVID-19 patients and to safety net hospitals and hospitals treating large communities of color."

Illinois' black and Latino residents make up a disproportionate amount of COVID-19 cases and deaths.

Chicago's Rush University Medical Center has received the most cases, 34, followed by Advocate Christ Medical Center in Oak Lawn, which got 25 cases.

Northwestern Memorial Hospital and the University of Chicago Medical Center each received 10 cases while Advocate Lutheran General Hospital, Northshore Glenbrook Hospital, AMITA Resurrection Medical Center Chicago, **John H Stroger Jr. Hospital Cook County**, Mount Sinai Hospital and Saint Anthony Hospital got eight cases each.

All of those hospitals are in the area classified as the "Northeast" region in Gov. J.B. Pritzker's "Restore Illinois" framework, but they are all located in Cook County.

The plan separates the state into four regions, consolidated from 11 Emergency Management System regions.

According to Ezike's letter, another 5% of the remdesivir has been sent to North Central Illinois, while the Central and Southern regions, as designated in Pritzker's reopening plan, will receive 2% each of the state's initial allotment of the drug.

While 127 cases were shipped to hospitals in Cook County, the remaining 13 cases were sent to four hospitals: Swedish American Hospital in Rockford got four cases, while OSF St. Francis Medical Center in Peoria, HSHS St. John's Hospital in Springfield, HSHS St. Elizabeth's Hospital in O'Fallon have three cases each.

The Department of Health and Human Services left it to states to determine how to decide which hospitals would receive the drug "because state and local health departments have the greatest insight into community-level needs in the COVID-19 response, including appropriate distribution of a treatment in limited supply."

Some lawmakers and residents of downstate Illinois are irked that despite low coronavirus infection totals relative to Chicago's, those areas' shops and churches must likewise leave their doors largely closed through May, and their restaurants will be tied to the same timeline of remaining closed to dine-in customers until at least the end of June.

The governor has maintained that the highly contagious virus knows no boundaries, and that downstate areas that lack Chicago's robust network of hospitals would have difficulty should there be an outbreak.

"Future shipments of Remdesivir are expected to be available and future allocation will consider the hospitals that received initial allocations," Ezike wrote in the letter.

The drugs were shipped to hospitals by the case, as advised by the Department of Health and Human Services, which warns against sending vials loose.

The FDA gave emergency use authorization for remdesivir for treatment of severe cases of COVID-19.

"While there is limited information known about the safety and effectiveness of using remdesivir to treat people in the hospital with COVID-19, the investigational drug was shown in a clinical trial to shorten the time to recovery in some patients," a FDA press release reads. "It is reasonable to believe that remdesivir may be effective in treating COVID-19, and that, given there are no adequate, approved, or available alternative treatments, the known and potential benefits to treat this serious or life-threatening virus currently outweigh the known and potential risks of the drug's use."

It will now be left to hospitals to determine which patients are the best fit for the treatment.

Remdesivir is administered through an IV, and is meant to help treat severe cases of COVID-19, defined by the FDA as patients with low blood oxygen levels, including patients who require ventilators.

Gilead Sciences, which manufactures remdesivir, has committed to donating 607,000 vials of the drug, to be distributed by the federal government.

Cook County team targets myths, historic health care shortcomings — and ‘every possible patient who is at risk’

May 10, 2020

Besides helping the residents sort through all the information and misinformation out there, the team does regular telephone check-ins, makes sure people can get their medicine and educates them about the coronavirus.

On top of caring for high-risk patients, Dr. Nimmi Rajagopal has taken on a new role for some: myth buster.

She has one patient who “probably every week” sends her a text passing along info from an article or a friend suggesting ways to avoid getting the coronavirus.

Does gargling with Listerine twice a day keep the COVID-19 away?

“I think most of it is harmless — things like if you drink citrus everyday or if you take these pills, these vitamins, then it will keep you from getting COVID,” Rajagopal said.

“I think it’s just people looking for things that will help them feel better, but I think it’s important for patients to know it’s not that simple, and when they do show symptoms, it’s really important to isolate, especially if there’s elderly patients or patients with other illnesses living in the same home.”

Providing credible information and advice – and debunking the myths – is just part of what Rajagopal and a team that includes other doctors, clinical managers and data analysts provide as they reach out to people who are at a higher risk of contracting the virus.

About 2,500 potential patients were identified for Cook County Health’s high-risk patient outreach project. So far, 628 appointments have been set up with those patients through the outreach team’s efforts, which began at the end of March, said Dr. Charles Edoigiawerie, who is also on the team.

Besides helping the county residents sort through all the information and misinformation, the team does regular telephone check-ins, makes sure people can get their medicine, answers their questions and educates them about the coronavirus.

Though the doctors who spoke to the Chicago Sun-Times couldn’t offer a racial breakdown of the list of patients, Dr. Titilayo Abiona said she’d imagine that it includes “quite a significant portion of black and Hispanic patients.”

Both of those communities have been hit hard by the pandemic. Despite making up less than one-fifth of the state’s population, Latinos in the state now have the highest number of confirmed coronavirus cases. They eclipsed the African American community, which still has a staggering number of positive cases and deaths.

Rajagopal said looking at those disparities means acknowledging “there’s a significant amount of history in these populations being the hardest hit for anything.”

“It’s coming to light in a different manner because of COVID, but these disparities have been there, which is why we’re in these communities and working with these communities ... that typically have a lack of access to health care,” Rajagopal said.

The residents they are reaching out to were identified through a registry of patients. Doctors pored over the data, picking patients who’ve visited emergency rooms across the county two or more times over the last three months, Rajagopal said.

Then the team looked at the county’s ambulatory clinics, or community health centers, to divvy up patients and looked at whether the patients have been seen since their last visit to a county emergency department.

If the would-be patient has one of a number of high-risk conditions — such as diabetes, asthma, obesity or hypertension — then the team reaches out to them “so they don’t just end up back in the emergency room,” Rajagopal said.

Abiona said the team’s work is focused on those frequent emergency room visitors who may not seek care just because of concerns about the virus. The goal is to make sure that they are able to manage their health conditions. Earlier intervention could mean a milder case of the virus, should they contract it.

“We felt that we need to reach out to these people to be sure that, one, their chronic conditions are being taken care of thereby preventing them from having to visit the emergency room, and then, two, we will be able to identify people that have COVID-19 symptoms, and we can take care of them from that point onward,” Abiona said.

Edoigiawerie said it’s “an ongoing project,” and “our goal is to target every possible patient who is at risk.” Rajagopal said the team’s outreach efforts are a “framework” for the future.

“The majority of [my colleagues] are working with underserved populations in one way or another, and I think that says a lot, too,” Rajagopal said.

“There’s a lot of people working very, very hard for a very long time to try and decrease the disparities, and it’s just not that easy. And so, the more programs like this the better, the more sustainable we can make them better. As we get through COVID, then we can help to continue decreasing these disparities over time.”



Chicago nurse shares what it's like to work on the frontline of the pandemic

May 9, 2020

It's National Nurses Week. Tracey Ross, an emergency medicine nurse at Stroger Hospital, shared what it's like to be on the frontlines during the COVID-19 pandemic.

Coronavirus in Illinois updates: Here's what happened **May 8 with COVID-19 in the Chicago area**

May 8, 2020 – Chicago Tribune

More rigorous study of hydroxychloroquine is getting underway with help of Cook County health researchers

Despite all the experimentation and debate surrounding the use of hydroxychloroquine to treat COVID-19 patients, no one really knows if the drug is effective, useless or harmful.

That's because of a lack of completed, carefully controlled trials evaluating how patients who have the disease fared on the drug. Now, researchers at the Cook County Health and Hospitals System are joining a host of medical institutions around the country seeking to answer the question.

"A lot of doctors used the drug in the absence of randomized, controlled trials because they didn't have anything to give patients," said Dr. Sybil Hosek, the system's research director and lead investigator of the county's trial arm. "And so now we're really pulling away from that and saying, 'Whoa, whoa, we just can't answer this question truthfully until we do a rigorous trial,' and that's what we're trying to do."

Specifically, the health system is looking to enroll about 100 patients who were recently diagnosed with COVID-19 but are not sick enough to need hospital care. Equal numbers would be enrolled at five other medical institutions, with the tab for the work being covered by the Bill & Melinda Gates Foundation.

Some patients will be given hydroxychloroquine, others will receive the same drug along with the antibiotic azithromycin and the rest will be given vitamin-filled placebos. All will receive the type of doses already approved for treating malaria and autoimmune disorders like lupus and rheumatoid arthritis.

When the results are tabulated in a couple of months, the researchers will then evaluate whether hydroxychloroquine, whether alone or in combination with the antibiotic, helps to prevent severe illness and keeps patients out of the hospital.

The study is among nearly 200 being conducted around the country to determine if the drug actually works as a COVID-19 treatment, Hosek said. Other studies will test its efficacy in severely ill patients or examine whether it helps prevent the disease when taken by health care workers or close contacts of sick people, she said.

More rigorous study of hydroxychloroquine is getting underway with help of Cook County health researchers

May 8, 2020

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Enrolling patients could be complicated by the perception that questions about the drug's effectiveness already have been answered, Hosek said, given the publicity surrounding less rigorous studies of the drug in COVID-19 patients.

In a study at U.S. veterans hospitals where severely ill patients were given hydroxychloroquine, the drug was found to be of no use against the disease and potentially harmful when given in high doses. And part of a trial involving chloroquine, a related drug, in Brazil was aborted after heart rhythm problems were detected in 1 out of 4 people given high doses.

The National Institutes of Health has recommended against using hydroxychloroquine in combination with azithromycin because of the potential to create abnormal heart rhythms that could be fatal. "There are insufficient clinical data to recommend either for or against using chloroquine or hydroxychloroquine (alone) for the treatment of COVID-19," the guidance added.

Doctors who have analyzed previous studies of the drug concluded that more study was needed, in controlled settings.

"Let's do it right," Hosek said. "Let's stop speculating and really try to find treatment for this disease, because we don't have it right now. We don't have anything to offer somebody that's symptomatic and at home."

Homeless Chicagoans Face a “Major Fallout” From COVID-19

May 8, 2020

In March 16, Neli Vazquez Rowland, president and co-founder of the North Lawndale, Chicago homeless shelter A Safe Haven (ASH), was working to transform an unused office space on the shelter’s first floor into a quarantine room capable of housing up to a hundred homeless Chicagoans ill with COVID-19. When we met, she waved a gloved hand at me before we sat down on couches six feet apart. Vazquez Rowland pointed to desks that would disappear, cubicle dividers that would become walls for “semi-private little rooms.” She expected a delivery of one hundred beds later that afternoon.

“We’re preparing for a surge right now,” Vazquez Rowland said. This was on the cusp of COVID-19’s news trend. Illinois had just over a hundred confirmed cases, and Governor J.B. Pritzker had yet to issue a statewide shelter-in-place order. A handful of individuals in the shelter had tested positive for COVID-19 and were quarantined to their rooms. ASH staff brought them meals and regularly checked in to see what else they might need. But the shelter was preparing for things to get much worse, not least because the population it serves is also at an increased risk for health issues related to opioid use.

Chicago was already in a public health crisis before its first case of coronavirus was reported on January 24: in 2018 alone, 793 people in the city died from opioid overdose-related deaths. (For comparison, the whole of Los Angeles County lost 497 people the same year.) Opioid use is of particular concern for those living on the street and in shelters, who often lack access to adequate medical care and drugs like Narcan (generically known as naloxone), which can help prevent overdose deaths. As with coronavirus deaths, the number of opioid-related casualties in Chicago is highest among older Black Americans, who accounted for 53.6 percent of reported deaths in 2018.

Recently, Chicago has made progress in decreasing the number of opioid-related deaths. The city saw a small but meaningful decline of 1.4 percent in 2018, thanks to an ambitious 2017 plan from the state to lower deaths statewide by thirty-three percent within three years; millions in funding; and the dedicated work of harm reduction organizations like the Chicago Recovery Alliance, The Night Ministry, medication-assisted treatment (MAT) clinic workers helping those who want to manage their dependency with medication, and countless others all over the city. But things are precarious.

Harm reduction workers I spoke with are concerned that Chicago might be on the verge of a spike in opioid dependency-related deaths. If folks who rely on prescribed medications like methadone or buprenorphine to treat their opioid dependency are unable to access those drugs—either because they’re sick with coronavirus, their regular clinic is closed due to coronavirus, or their clinic is out of medication (a slim but real possibility, as we’re still experiencing a national shortage of methadone), they might go through withdrawal, potentially landing in an overburdened hospital, where they’ll be in competition for beds and resources. Or they might go back to street drugs to avoid withdrawal, accompanied by the usual risks of drug use, including overdose, Hepatitis C, and HIV.

One of the people I talked to was Dr. Steven Aks, who specializes in toxicology and emergency medicine at the busiest ER in Illinois. John H Stroger, Jr. Hospital historically treats higher numbers of uninsured patients than many other area hospitals, and offers outpatient treatment for opioid dependency. The hospital partners with MAT programs throughout Cook County, and is often is the first step for many into the world of medical treatment for their dependency. Someone

who comes to the ER after a nonfatal overdose, for example, might be prescribed suboxone and provided with a referral to a Cook County clinic for ongoing observation, counseling, and care.

MAT meds are strictly monitored, but restrictions on how patients can take them have loosened. Usually, while suboxone can be prescribed for most patients in doses that will last them several weeks, patients who take methadone must visit their MAT clinic daily and swallow their medication within the clinic itself. However, on March 16, the Substance Abuse and Mental Health Services Administration issued new guidelines that allow clinics to use their own discretion and allow patients deemed “stable” to take up to twenty-eight days of medication home with them; those who do not fit this category can take up to a fourteen-day supply home.

Dr. Aks praised Cook County MAT clinics for the work they have put into making sure their patients have their medications. He also described seeing a worrisome drop in ER attendance from regular patients with opioid dependencies, even accounting for the new prevalence of take-home meds. “There will be major fallout in the substance community” in the months to come, he said, even if the shape of that fallout (needle-sharing diseases, overdoses) is as-yet unclear. “The thing I fear the most—you just hope the mortality doesn’t rise.”

I volunteer at the Chicago Recovery Alliance (CRA), an organization comprised of people living with HIV and drug use, health care workers, educators, and people like me who believe in providing a wide array of free services to anyone who wants to reduce drug-related harm in their lives and in their communities. Or rather, I did volunteer, until the organization paused all its such efforts due to COVID-19. (CRA staff still provide daily access to clean needles, condoms, fentanyl tests, and more throughout the city: for more information, call (312)-953-3797.) I miss the community and the work, and wanted to know how coronavirus is affecting opioid-dependent people living in Chicago’s tent cities, in their own words—specifically, their ability to get MAT meds, or street drugs, if they still use. So, last month, I covered my mouth and nose, put on medical gloves, and biked around asking people in the following communities how they were doing, careful to stay more than six feet away (I had not—and still have not—exhibited any symptoms of COVID-19, but I took additional precautions, just in case).

One of the first places I visited was the Belmont camp, a grouping of about twelve tents located under the mammoth Kennedy Expressway and encircled by a metal fence. It’s one of several “tent cities” set up by people in the city who, for one reason or another, have no place else to sleep. A Latinx man with shoulder-length black hair and cautious eyes stepped away from a grill he was tending and introduced himself as Junior. Junior is in recovery and relies on methadone to stay healthy. His clinic, like many in the city, is now open only three days a week. Every other day, he goes to the clinic and is given enough methadone to last him forty-eight hours. “It’s better than going every day,” he said. I described my fear of overdose increases. “Yes!” he said. “It could happen. It’s very possible.” But he hadn’t seen anything like that yet.

Another Latinx man joined us. He was on his way to work; he wanted to talk, but didn’t want to use his name, so I’ll call him Victor. Victor doesn’t use opioids; he tried, he told me, but they never really took. “What do you need, from the city or the public, to make it through this okay?” I asked. “A shower would be awesome,” he said. Before the virus, Victor showered at a nearby Planet Fitness, where he has a membership. Now that the gym had closed, showers were much harder to come by. But “people have been very good to us,” he said. “Water’s always here, food.” He showed me hand sanitizer, a portapotty, and two sinks that arrived from the city within the last three weeks. The portapotty is regularly cleaned by the city, he said, and the water in the sink is regularly restocked.

Victor needed to head to work, so he called over Willy, a funny, chatty man in his thirties wearing a ballcap and sweats, who introduced himself in a Chicago accent that I thought had vanished from the city. We talked for the next half-hour. Like Junior, Willy was now able to take his methadone home, though his clinic was still open every day, in case of emergencies. “I’ve heard people getting as much as eleven or twelve days, like twelve take-home bottles” of methadone, he said. That would be enough to help some stay home for twelve days before they’d need to return. “So far this weekend, they gave us two.”

“Us” is Willy and his dad, Enrique, an older man with whom Willy shares a fourteen-by-fourteen foot tent lined with shiny material he said came “from the airport.” Enrique is not a native English speaker, so he and his son go together to

the methadone clinic on Elston and Fullerton Avenue, where Willy translates as needed. Willy has been a patient there for two years. Until take-home medication became available, he woke up at 5 a.m. most mornings, arriving at the clinic at 5:30 a.m., swallowing his medication in front of a clinic worker, then hustling to make it to his job at a car wash by 7 a.m. He works twelve-hour shifts. The move to take-home methadone helps him. “This way I’m able to get it, stay at home, sleep in a little bit later, you know, not be as tired from my shifts.”

The new take-home process is not without confusion. Clinics require people to bring back empty methadone bottles to access the next batch. The other day, according to Willy, Enrique forgot to bring his empty bottle with him, and the clinic worker he spoke with told him she couldn’t give him the next round. Enrique and Willy’s time-sensitive ride was waiting in the parking lot. Faced with the unpleasant possibility of withdrawal, and struggling to communicate with the worker, who didn’t speak Spanish, Enrique said, in English, “This is bullshit,” and walked out of the office. Willy, sitting in the waiting room, stopped him. With Willy’s facilitation, and with the help of a second clinic worker, both Enrique and his son walked away with the medication they needed.

Access to clean drug supplies, Willy told me, is the biggest challenge opioid users have due to coronavirus. A few days earlier, he and a few others from the camp had tried to exchange used needles for clean ones at a needle exchange two miles south, only to find the exchange closed, with no sign posted as to when it would reopen. William said that both the CRA and The Night Ministry have been sources of help, dropping off clean syringes and naloxone for the anyone at the camp who needs them, but the needles still pile up. Without more clean needles, William worried that hepatitis, already prevalent among current or former drug users in the city, will spread. “When you got like a thousand syringes in the tent from people who’ve come and used, you know, it’s like, what are you gonna do, you know? Then you’ve got like, twenty of us here with a bagful of ‘em, you know, and we can’t turn ‘em in.”

Worst-case scenario, Willy told me, if his MAT clinic were to suddenly close, “I would try to go to another clinic, see if I can transfer. Or, if worse came to worse, I would go to the hospital with one of my bottles, and I would show them the dose, and the day, and hopefully they’d be able to take care of me. And if worse came to worse around that, I know a couple of loopholes to get around medical procedures and all that. I’d go to a mental hospital, say I feel like hurting myself, they’re allowed to give you twenty [milligrams] of methadone like that,” he said. William trusts his clinic—it’s open nearly every day of the year, and if it does need to close, warnings are always posted two weeks in advance. But still, he said, he’s making plans—just in case.

The next camp I went by, on Chicago and Sacramento, is much smaller, much quieter, and much messier. At first, I wasn’t sure if it was still inhabited—Willy had told me that he heard this particular spot was recently disbanded by police. Seeing no one outside of the few tents there, I kept moving. (I only enter a camp if I’m invited, the same as with anybody’s home.) On the other side of the street, I met a white man in his fifties with a sunburn and unfocused blue eyes, carrying an empty bottle of Sprite. His name was Joe. Joe used suboxone, he told me, and was participating in newly-offered telehealth services, meeting with his prescriber over Periscope, Twitter’s live video-streaming app. Joe didn’t know what Periscope was, called it “a real pain in the neck,” but was glad to be able to bring his thirty-eight milligrams of suboxone home and take it in peace.

Joe lives in this camp, which has no portapotties, city-operated or otherwise. With the closure of all but essential businesses, he now has to walk a mile east to use the restroom of an open CVS. Joe said that, while outreach vans used to stop with clean supplies by two or three times a week, he hadn’t seen any in the last seven days. “You don’t happen to have fifty cents on ya, wouldya?” he asked me. I didn’t—I almost never carry any cash, but thanks to the CRA, I do always carry two kits of naloxone, the emergency opioid-overdose reversal medication that is administered via syringe or nasal spray. I offered him one. “Oh! I could use some,” he said. “I need it from time to time. Thanks.”

The last camp I biked to that day was mostly a series of open-air beds on Fullerton—in the beds, the still forms of individuals, blankets pulled over their heads. On the wall of the viaduct was a small, bright shrine to the Virgin. A lit Virgen de Guadalupe candle flicked below a poster of the same icon, doubled arms outstretched. To the right of the poster, in marker or paint, lines from the Hail Mary prayer were written:

Holy Mary
Pray for us sinners
Now and at the hour of our death
Amen

A few days later, Lloyd DeGrane, a photographer and harm reduction volunteer who has spent decades delivering clean supplies to people around the city, would tell me that the day I was visiting camps was within the same window of time when everyone he saw had, or was just recovering from, some type of dope sickness: “They’re in their tents, under their blankets, shitting and throwing up for a three- to five-day period,” he said. In the last month, people living in the camps lost their jobs, too, and there are no tourists on Michigan Avenue to ask for change. No money means no drugs, sending people throughout the city into the excruciating experience that is opioid withdrawal, DeGrane said. At first, the people he knows tried desperately to find drugs, to steal drugs, and/or to get into any MAT clinic that wasn’t already operating at full capacity. Those options quickly dissipated. “Now,” he said, “Their bodies and minds are telling them that this is the way it is.”

In March, Stephan Koruba, senior nurse practitioner at The Night Ministry (TNM), an organization that connects people experiencing homelessness and/or substance dependency to housing and healthcare (and can be reached at 773-256-7549), told me that the number of people he met with confirmed COVID-19 cases continued to be low, though within the two days prior to our conversation he had helped two young people with coronavirus symptoms get out of a congregate living situation and into stable—but isolated—housing. Koruba suggested that the stigma facing homeless people, especially if they use drugs, has, in this one instance, offered some protection. “People keep their distance from homeless people already,” he said. “They’re socially isolated—that’s the major problem we already face.”

When we next spoke, it was 8:15 p.m. on a Wednesday in May, and Koruba was driving into work. The situation has changed. It’s hard for people living in crowded shelters or encampments to socially distance, and, once the virus does reach members of the homeless community, it’s not easy to isolate them. The Chicago Reader reported that more than three hundred people at Chicago homeless shelters have tested positive for COVID-19. Julie Dworkin, policy director for Chicago Coalition for the Homeless, told the Reader that the precautions the city has put in place are “not adequate.” “There is not sufficient capacity right now to quickly address cases in shelters,” Dworkin said.

For the last five weeks, Koruba, two outreach workers, and another nurse practitioner have paired together for their one-night-a-week shifts—sometimes 11 p.m. to 2 a.m., sometimes 2:30 am until 5—manning a table set up by the Chicago Transit Authority (CTA) on the platform of either the southern terminus of the Red Line or the western terminus of the Blue. Wearing N-95 masks and gloves, each pair is able to provide a limited number of COVID-19 tests and a variety of harm reduction supplies. They also offer connections to a new telemedicine opioid-dependency treatment program, provided by Mile Square Health Centers, a program of the University of Illinois, for the people who’ve taken to sheltering each night on trains now almost entirely empty. According to Dr. Nicole Gastala, Director of Behavioral Health and Addiction at the Miles Square Health Centers, since the partnership with TNM began, sixteen people have started treatment with suboxone: of those sixteen, only two have stopped. “Which is really good!” she said, laughing. “Not just with this program; our whole no-show rate has gone down significantly, because [with the advent of telemedicine] we’ve taken away that transportation barrier.”

TNM is in cautious talks with the CTA to be allowed to provide nasal spray naloxone to anyone who asks for it from the platform table, and possibly even clean needle supplies. This type of city-supported opioid-dependency treatment and harm reduction action—meeting people where they’re at, not only metaphorically but literally, in public spaces—is unprecedented. “That’s why,” Koruba said, “even though we’re tired and everyone’s like, ‘you should take more time off’—and we should—we don’t wanna let these possibilities wither on the vine.” Continuing that metaphor, cross-partnerships allowing for wrap-around support are budding: Koruba assisted one COVID-positive person he met doing this work get housing at A Safe Haven, the shelter with the hundred covid-positive beds, to recuperate.

Two days after visiting the Belmont and Chicago camps, I borrowed my boyfriend’s car and drove south. There’s an encampment on Taylor and Kedzie, next to the CRA, where men in their sixties sit on a bench pulled from some long-

gone minivan, playing music and cards and watching the street while Louise, an elderly, overweight Doberman mix who sleeps on a heated bed hooked up to a generator, sits at their feet and waits for pets. When I was volunteering at the CRA, I got in the habit of nodding hellos and goodbyes to these men, but we never exchanged more than a few words. Many of the people living in this encampment are Black, including Yolanda: a tiny woman with a lined, heart-shaped face, wearing a puffy coat. I'm five-four, but I could've looked down at the top of her head if we weren't standing so far apart.

"I walked off my program 'cause they're not doing me right," Yolanda told me. "They was too slow on giving me my medication. Like, I could never get over a forty [milligram dose]. And twenty and thirty is not doing nothing for me, 'cause I'm feeling like I had using." The methadone she received wasn't enough, she said, to stave off dope sickness, and she was tired of asking for increases that still left her ill. She's got naloxone from the CRA, but doesn't have clean straws for snorting even though I know we have them. "So that can be in your story, too. How come every time we keep going to these places, we come back out and start using? What is this shit doing for us? That's a story, too, right there."

A woman with sunglasses, whom I'll call Mary, leaned in when I asked what would help Yolanda survive. "What are those, the ones I call the strips?" she asked Yolanda. "Suboxone," Yolanda said—then, to me, "She's trying to get on some help." Mary turned to me. "I work," she said, "so I get the strip and do it myself. I know how." She buys suboxone off the street. "Yep yep yep yep yep," Yolanda said. "People selling to help each other, to make extra money."

"Is it helping you?" I asked Mary. She nodded. One of the reasons federal guidelines have forbidden the use of take-home methadone or suboxone in the past is because of a fear people wouldn't take their medication, and would instead sell it to others. To Yolanda and Mary, however, these sales are lifesavers. "Some don't take it, and they know what they doing when they sell they shit," Yolanda told me. "They don't sell they shit if they need it real bad. They know other accesses, okay?"

When I ask how the coronavirus is impacting her, Yolanda showed me her small hands. "You see how clean my nails are? I wash these motherfuckers. I scrub 'em." She reached into her pocket and pulled out the mask she's been wearing and re-wearing ever since she got it from a nearby hospital, during a stay earlier in the year, when she had pneumonia. She stands six feet away from people as much as she can. She gets clean straws for snorting from the nearest Dunkin' Donuts, using her elbows to open the shop's doors and washing her hands before and after she picks up the straws. The city had been by the camp, she told me, with food and water, but she didn't take it. "There are people that really need it," she said. "I do too, but I have access to money sometimes to go buy these things, know what I'm saying? I don't take away from somebody that really, really needs it. I leave it be."

At the end of our conversation, I asked her again what name she wanted me to use for attribution. Her face was set, serious. "Yolanda," she said, and spelled it. She spelled her last name, too. "This is my real name. Put me out there." I told her I would. But later, I chose to not include her last name, because I described her using drugs and I want to keep her safe—or at least not put her in harm. If I see her again, I'll tell her that: even though I went against her instructions, I hope I did the right thing.

She's got clout, Yolanda told me. Drop her name, and whatever camp I go to around here, I'll be okay. With my white skin and my microphone, she said, I stood out. But mention her, and people would be open to talk to me. Mid-advice, she asked if I had a car I could use to get around to different sites. I told her I did, thanked her, and began to turn away. As I reached to pause the recorder, she added: "Because I will walk with you. If you need."

The way she said it—after all her laughing and swearing and asking of questions—sounded almost shy. "Thank you," I said. "That's really kind." I told her I'd be okay and promised to stop by again soon to see how she was getting along. And then we said goodbye, and promised each other that we'd try to stay safe.

A nurse in Captain America colors: Murals honoring doctors, nurses, first responders going up near Medical District

May 8, 2020

Artist Dwight White II has seen a nurse who lives in his University Village apartment building coming and going recently at late hours.

He's talked to her from opposite sides of the elevator, pleasantries mostly, but never got her name.

She has no idea she's the inspiration for a mural White just painted on the side of Lulu's Hot Dogs, 1000 S. Leavitt St., in which she's dressed like Captain America.

"She sparked my inspiration; medical workers are kind of the glue holding the world together right now," said White, 26.

The artwork is part of Murals for Medical Relief, a campaign that's tapping local artists to paint murals on buildings near the Illinois Medical District on the Near West Side honoring medical workers and first responders. The campaign's website — muralsformedicalrelief.com — has a map showing where each mural is located.

The project is being organized by two Chicago companies: Vinco, a video production company for artists of all sorts, and Muros, which pairs artists with companies seeking to promote their brands.

"We thought 'Why not brighten up this area with some murals that pay tribute to health care workers,'" said Michael Panico, owner of Vinco, who lives near the Medical District.

"There are a total of six murals planned, but we're going to do as many as we can through the month of May," Panico said.

The artists are donating their time, and local businesses are donating the wall space.

A GoFundMe campaign tied to the project is up and running with donations to be given to **Cook County Health**, Northwestern Memorial Hospital and Rush University Medical Center.

Prints of the artwork will also be sold online with half the proceeds going to the artists and half going to the charity fundraising effort.

A second mural is being painted on the side of Chilango, a Mexican street food restaurant at 1437 W. Taylor St.

Joseph Renda, 24, hopes to finish the piece — a floating face mask above a wooden platform with flowers growing out of it — by Saturday.

"The flowers represent strength, gratitude and passion," Renda said, noting he appreciates the honks of support from passing motorists.

Renda brings a unique perspective to the work first responders do. His father, Joseph Renda Sr., is a retired firefighter.

"My father was a firefighter for 36 years, so I support first responders for sure," Renda said.

Oral Health Care during COVID-19

May 8, 2020 – Chicago Defender

Dr. Jorelle Alexander, DMD, MHP., is a dentist and department chair of Oral Health for Cook County. She is responsible for the operations of dental clinics in the Cook County Health system. This includes community dental clinics and others in Cook County Correctional facilities and the Juvenile detention center.

How has Covid-19 and the Pandemic affected Oral Health Care in Cook County?

When it comes to the pandemic as it relates to oral health, Dr. Alexander says, “Covid-19 not only hit the medical community hard but the dental community. If you think about the nature of the disease and dentistry, we are in direct contact with patients. Therefore, oral surgeons, periodontists, and orthodontists are at higher risk of coming into contact with the virus due to the nature of what we do”.

The care structure has changed to protect staff and to protect and provide care to patients. The dentistry department has intentionally postponed all elective procedures, elective surgeries, or non-urgent dental visits to make sure that both the dental health professionals and patients are kept safe. Dentists across the city and state continue to be present for their patients by providing emergency or urgent care as needed.

Dr. Alexander says that the issues being addressed at Cook County Health right now are those who have urgent and emergency dental needs. This may include severe pain, swelling, uncontrollable bleeding, tumors, or lesions that may need further evaluation, severely broken teeth, or care that cannot wait to be addressed.

Dr. Alexander stressed that there are things that happen in the oral cavity that affect the whole body. She emphasized that this is the time to offer urgent care to keep people safe and out of the emergency room. Those should be reserved for patients that are sick or that have been diagnosed with COVID-19 so that they can get the appropriate medical attention.

What complications arise when it comes to Underserved Populations and African Americans as it pertains to oral health?

Prioritizing oral health is necessary; however, in many underserved communities, oral health falls to the bottom of the list due to lack of insurance or financial resources. Many choose to visit their dentist only when something hurts and often ignore preventive care. This becomes problematic because it often limits a patient’s options when it comes to treatment, sometimes resulting in tooth loss. The mouth is connected to the rest of the body. It is imperative to take care of your oral health not only in what you eat but in how you take care of your organs and oral structures.

The Future Outlook for Cook County Oral Health

Cook County has invested significantly in the Oral Health Department. By expanding across the city. New clinics have opened up on Stroger Campus and in Arlington Heights with plans to open more. The goal is to ensure that Cook County residents have access to quality oral health care across the entire county.

Greater Chicago Food Depository Remarks

May 7, 2020

Toni Preckwinkle



Below are my remarks as prepared for today — May 7, 2020 — for the press conference at the Greater Chicago Food Depository.

Good morning.

Thank you for joining us today. I am glad to stand here with the Greater Chicago Food Depository, an organization doing so much for our communities during a difficult time.

I'd like to acknowledge:

- Kate Maehr, Executive Director and CEO of the Greater Food Depository
- Dr. Rachel Rubin, co-leader of the Cook County Department of Public Health

During the COVID-19 crisis, the depository is co-leading an effort with the City of Chicago, Chicago Public Schools, Cook County government and other partners to provide food for anyone in need during the coronavirus pandemic.

We know that even before the pandemic, black and brown communities were disproportionately impacted by food insecurity and poverty. Even before the coronavirus pandemic, 1 in 8 people experienced food insecurity on any given day. This inequity is made even more stark during a public health crisis.

The need for food assistance has dramatically increased. In recent weeks responding to the coronavirus pandemic, the Food Depository's network of food pantries and similar programs has served an average of 40 percent more people in need.

Last month, the depository established a grant program to support food pantries in Cook County and ensure they remain open. They allocated \$1 million for grants of up to \$5,000. This program has gone a long way in supporting communities and residents most in need during a challenging time and ensuring residents have access to food.

It's important to highlight that sixty percent — more than half — of the funding is being directed to organizations serving African American and Latinx communities.

The depository has also used neighborhood pop ups on the South and West sides of the City of Chicago to provide convenient pick-ups for residents.

With many residents finding themselves suddenly out of a job or struggling to find work during the pandemic, the depository's benefits outreach team is working hard to help residents obtain the benefits they need, such as SNAP or Medicaid.

Additionally, the depository has waived costs for food during the COVID-19 crisis. While most of the food the depository distributes is free, some pantries have purchased more food at cost, which has now been waived.

The depository has always been a tremendous partner to Cook County. We collaborated through Cook County Health with the Greater Chicago Food Depository to launch the Fresh Truck Program, which to date has distributed more than 600,000 pounds of food to our Community Health Centers throughout Cook County since 2015.

I am especially grateful for their support during the COVID-19 pandemic, as we navigate the challenges of keeping our communities healthy.

And I would be remiss if I did not make a call for volunteers. The depository is always in need of volunteers, but now more than ever in the interest of keeping some of our senior volunteers safe.

I urge those who are healthy and able to get involved. If you can't volunteer personally, encourage the younger folks in your lives — your children, relatives, friends or neighbors — to volunteer. With so many young people home from high school and college, I encourage them to step up and make a difference.

Now I'd like to turn it over to Dr. Rachel Rubin from the Cook County Department of Public Health.

Thank you.



Nurses reveal emotional toll of COVID-19 pandemic on National Nurses Day

May 6, 2020



Nurses are sharing their frontline stories with Fox News on National Nurses Day; Matt Finn reports.



Nurses face grueling conditions amid coronavirus pandemic

May 6, 2020



Nurses shoulder grief when families are kept away from COVID-19 patients; Matt Finn reports.



Nurses Reflect On COVID-19 Crisis: ‘The Public Has No Clue What We’re Seeing Everyday’

May 6, 2020

They are years apart when it comes to time on the job, but they’re both fighting the same battle.

Two nurses on the front lines of the COVID-19 pandemic are sharing their stories with CBS 2’s Suzanne Le Mignot in honor of National Nurses Day.

Stroger Hospital at Cook County Health critical care nurse Peter Sesi talked about his day in a video blog.

“I just finished working a 16 hour shift. I came in at 7 a.m. and it’s approximately 11 p.m. now,” Sesi said. “The day started off pretty rough. Came in running. Ran into patient’s code.”

Sesi began his career 12 years ago, as an ER nurse. Now he’s working in the critical care unit caring for COVID-19 patients.

“The public doesn’t know what we’re going through. The public has no clue, what we’re seeing everyday,” Sesi said. He added that he’s often the only person by someone’s side when they die from the virus.

“There’s someone that loves this person and they have friends and they had a future,” Sesi said. “And like now, I’m sitting here with them. It breaks my heart because I literally sit back and think of myself in that position.”

When asked how many times he had to be with someone during their last moments and with their last breath, he said many.

“A lot more than what we would want to say. Even just this morning.”

Nurse Brittany Beyer has been a nurse at Elmhurst Memorial Hospital for two years. She works in the COVID-19 medical unit. She spoke from the hospital zen room where therapists are available for hospital staff. What’s been the hardest part?

“All the changes and the unknown,” Beyer said.

Beyer acknowledged that amid the unknowns are moments of celebration. Like a 30-year-old patient released Tuesday, after spending 44 days in the hospital battling COVID-19.

“We clap them out and we kind of walk behind them, as they clap out,” Beyer said. “He got to be reunited with his family and just seeing that reconnect makes me love my job, even more.”

Coronavirus Chicago updates for May 6

May 6, 2020

Cook County Board President Toni Preckwinkle honored nurses at Cook County Health in recognition of National Nurses Week – watch her news conference in the player below:





Preckwinkle honors Cook County nurses

May 6, 2020



Cook County Board President Toni Preckwinkle honors nurses at Cook County Health.



Toni Preckwinkle on County's COVID-19 Response, Budget Impact

May 6, 2020

On April 6, Cook County temporarily closed the emergency room at Provident Hospital on Chicago's South Side after a staff member tested positive for COVID-19. The ER reopened two weeks later, on April 20.

Cook County Board President Toni Preckwinkle says the hospital needed time to ensure people were properly quarantined, as well as making sure the facility could handle an expected influx of COVID-19 patients.

"We looked at that space to figure out we could reconfigure it, so that it was less likely that people would catch the disease from each other," Preckwinkle said.

Preckwinkle says most of the COVID-19 patients the county is treating are being seen at the larger Stroger Hospital in Chicago's Medical District. She says the current number of patients at the hospital is around 240, about half of which are related to the coronavirus.

Like many other local governments, COVID-19 is also hurting Cook County's bottom line. Preckwinkle said Wednesday the county could be facing a projected budget shortfall around \$260 million.

"It's unclear how long the shelter-in-place order will remain, and that will surely impact our budget," Preckwinkle said. "We're looking for help from the federal government ... we hope that the next stimulus package, I think this will be number five, includes lost revenue for local units of government."

A Day in the Life of an ER Nurse During the COVID-19 Pandemic

May 6, 2020

As told by Consuelo Vargas, who is a registered nurse in the emergency department at John H. Stroger, Jr. Hospital of Cook County in Illinois. The following has been edited for brevity and clarity.

Before COVID-19, I would usually work from 7 a.m. to 7 p.m. three days a week. But nothing is usual now. We are so busy, our patients are so sick and our nurses are getting sick. I often stay until 11 p.m. and work on my days off to help out.

With COVID, there is no such thing as a typical day, as one day runs into another. Before I leave the house, I must be sure to have a change of clothes and an N95 mask, which I bring from home because I have a few, and it's better to bring a fresh one than being forced to reuse the one the hospital supplies. Every nurse knows reusing personal protective equipment is dangerous and risks our exposure. I also grab my runner's cap, which I wear to protect my ears from the straps of the N95.

As I get closer to the hospital, I put on my runner's cap and N95. When I get to the parking lot, I take some slow deep breaths to try to calm myself as I face another day. I grab my work shoes from my trunk, where I keep them so that I don't contaminate my vehicle or home. I put them on and head into the hospital. Inside, I find my assignment and put on my isolation gown and face shield.

Wearing all of this PPE serves as a reminder to be cautious so I don't get sick. But it is so, so cumbersome, and incredibly hot. I move so much slower when it's on, and I get claustrophobic. I have to take a break every few hours to take off my mask and get some fresh air.

The PPE has changed the way I do my job, too, and that's tough. Nurses are facilitators of healing, and we do this through science-based interventions but also through human connection, touching, listening and understanding. That's a challenge in this time of COVID-19. The way I interact with my patients has changed because I need to minimize my exposure to the virus. Plus, my patients are often so short of breath that I don't want them to carry on a full conversation, so we use yes or no questions and thumbs up or thumbs down to communicate about how they're feeling.

Even when I'm off shift and finally at home, I worry: Will my patients be OK, and will they be able to reunite with their loved ones? At night, I have a hard time sleeping, and when I do sleep, I'm so restless that I feel more tired when I wake up. The scenes from work replay in my dreams; I see my patients' eyes looking to me for answers or reassurance, and the constant worries and fears of my fellow nurses.

I work at a public hospital, and many of our patients normally use the emergency department as their primary care because they are uninsured or underinsured. Many were directed to my hospital from other hospitals because of their lack of insurance. But recently the ER has been receiving fewer patients. I wonder: Where are our patients who are avoiding the emergency department getting their care? Are they managing their diabetes and their medications, or are they getting sick?

As a member of National Nurses United, I'm the chief nurse representative at my hospital, and RNs reach out to me to express their fears and nightmares, and to tell me they're suffering from anxiety and panic attacks for the first time in their lives.

Some of my coworkers are out sick with COVID-19. They are so scared. They're afraid for themselves, their families and our community. Some are so short of breath, and I am so scared for them. I maintain my composure as we talk, but I break down in tears once I'm off the phone.

My family reaches out to me to see how I'm holding up and how things are going. I haven't seen them for weeks. It makes a big difference to know that they're thinking of me. I have a cousin who is a police officer and another who is a paramedic, and I think about them often. I miss my grandmother the most and don't know when I'll be able to give her a hug.

I have visited her once through a window. That visit really lifted my spirits.

About two weeks ago, I felt so overwhelmed. I couldn't do anything and had no desire to do anything. It was as if I were in quicksand, and I couldn't pull myself out of a dark abyss. I had never experienced anything like that before in my life. I stayed in bed for two days and did nothing.

Working with the union [National Nurses United] to fight for the protections we need in the hospital helps me feel better. Speaking out about what we're facing on the frontlines is so important because my city, my community, my patients need to know: If nurses aren't safe, no one else is, either.

I haven't given my career choice a second thought during this pandemic. With so many people out of work and losing health coverage, nurses will be needed even more after this crisis. I imagine that there will be more patients seeking care in emergency departments, and I'll be there ready to help care for them.

In the meantime, I ask everyone to please hold on a little longer, and we will all get through this. Maintain social distancing, and wear a mask in public.

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COVID-19 Chronicles: NFL Players On Moving Money Into Communities Of Color

May 6, 2020

With last month's virtual NFL Draft, football players have finally returned to the homes of millions of people in spite of the ongoing pandemic. There's another way, however, that players have been bringing positivity to Americans: they're rallying funds to directly care for the communities of color hardest hit by coronavirus.

Players Coalition tackles racial inequity.

Players Coalition, an independent organization of current and former NFL players, has been working since 2017 to use their star power and intimate understanding of social issues to push for criminal justice policy reform, better community-police relations, and economic advancement. In the face of coronavirus, their mission of racial equity is staying strong while their giving strategies pivot. In addition to supporting campaigns like Project100, Players Coalition members quickly mobilized \$3.05M toward relief efforts in communities of color, through 34 organizations — including healthcare systems, food banks, and grassroots nonprofits — in seven geographic areas:

- In Atlanta, GA: Grady Hospital, The YMCA of Metro Atlanta (providing childcare for first responders, reaching out to seniors, and hunger relief), The Atlanta Community Foodbank, The Giving Kitchen (serving food service professionals), and Love Beyond Walls (supporting the unhoused community).
- In Baltimore, MD: LifeBridge Health (Sinai Hospital of Baltimore, Northwest Hospital, Carroll Hospital and Levindale), Franciscan Center (providing emergency relief to local low-income families), Maryland Food Bank, and Baltimore Community Foundation.
- In Chicago, IL: Advocate Christ Medical Center, **John H. Stroger, Jr. Hospital**, Advocate Illinois Masonic Medical Center, Mount Sinai Hospital, Enlace CHICAGO (supporting the immigrant community of Little Village), Breakthrough Urban Ministries, and Acclivus Inc. (focused on hospital violence prevention for vulnerable individuals).
- In Detroit, MI: Henry Ford Hospital, Detroit Medical Center (DMC), We the People of Detroit (a water justice community building coalition), Capuchin Soup Kitchen, Neighborhood Services Organization, and City of Detroit Rapid Response Fund.
- In the DMV area: United Medical Center, DC Dream Center (supporting DC youth), Capital Area Foodbank, and Mana Food Center (of Montgomery County, Maryland).
- In Florida: Feeding South Florida COVID-19 Response Fund, Guardian of the Glades (community organization), and Florida Community Health Centers.
- In Louisiana: University Medical Center, Community Foundation of North Louisiana, Krewe of Red Beans (feeding NOLA frontline workers), Second Harvest Food Bank, and Fueling the Fight Fund.

In addition to his own foundation's work mobilizing volunteers for food delivery in his Seattle community, Players Coalition member Doug Baldwin, a former Seahawks wide receiver, is on their education committee.

"COVID really highlights the challenges and struggles in communities that have always been there — inequities we've seen perpetually throughout our history," says Baldwin. "Those who have the means to stay at home and don't have to go out and make a living are fine. But people who need to go out and put food on the table are having to get creative." Baldwin and other Players Coalition members know that families in communities of color are dealing with a broad spectrum of challenges at this time, so their giving strategy focuses on supporting place-based organizations that intimately know the communities, are already doing the work, and are humanizing the challenge for the long term.

“We set out to make sure we were a contributor in the battle for our health and longevity as a human species. This whole initiative, Players Coalition, was started on the principal of wanting to positively impact our community. The call for collective action is even greater in a crisis,” said Baldwin.

Players Coalition co-founder Anquan Boldin — a former wide receiver that’s played for the Cardinals, Ravens, 49ers, and Lions over his career — similarly views the pandemic as a moment to draw attention to systemic inequalities. “We know that COVID-19 is hitting Black communities and other communities of color especially hard, and they are dying in disproportionately higher numbers,” says Boldin. “The \$3 million donation from the NFL Foundation and Players Coalition will help organizations and hospitals who are working to support communities of color impacted by COVID-19, helping save lives and supporting families who need basic needs met.”

More than athletes and philanthropists — investors for social change.

Donating isn't the only way athletes are aligning their money with their values and showing up for communities. Candide Group client and veteran Tennessee Titans linebacker Derrick Morgan has been focused on place-based structural change, with both his charitable giving and impact investing portfolio.

As part of his ongoing commitment to the betterment of the Coatesville, PA community that raised him as a youth, Morgan committed an initial \$10,000 to Brandywine Health Foundation’s Healthcare and Economic Relief Fund during coronavirus. Morgan is also the Managing Partner of KNGDM Group, and an Opportunity Zone investor in communities like Coatesville, Nashville, Austin, and Atlanta that is trying to build economic alternatives for communities of color as they recover.

“I felt it was important to try and help attend to the immediate needs of those adversely affected by COVID-19 in my hometown of Coatesville,” said Morgan. “Underserved communities of color are already extremely vulnerable based on a myriad of adverse factors, and to have a pandemic on top of it has a lot of people in a bad spot. Our goals for helping to build revitalized and equitable communities are still the same. I think us reaching these goals will help fortify and empower communities to not only weather storms like these, but to thrive in times of abundance as well.”

At the end of the day, the vision for a stronger “post-COVID” America will only be possible if we utilize all the financial relief strategies at our disposal— from immediate donations to longer-term investing. As this socially-minded community of former and current football players demonstrates, these strategies must be deployed with an economic and racial justice lens. Without that level of thoughtfulness, we not only risk, but actually ensure, the prolonged suffering of communities of color.

Chicago Tribune

'I always feel afraid. But in that fear, I live in hope.' Chicago nurses tell their stories from the front lines of the coronavirus pandemic.

May 6, 2020



Poignant, heart-wrenching stories from the front lines of the coronavirus pandemic have flooded our inbox over the past few days, as the Tribune asked Chicago-area nurses one question: "How are you living through this new norm?" For National Nurses Week, May 6-12, more than 60 of them told us how they make it through each day, and about the hardest challenges they're facing. Some brought smiles to our faces. Others offered words of caution and hopes for the future.



Falguni Dave, from left, Stacy Nelson and Lee Schmidt. (National Nurses United; Amy Miracle; Lee Schmidt)

“My husband and I decided I would move out for the safety of the family. So my daughter moved out of her college apartment, and currently I’m living there while she’s at home. It’s very lonely. Being home alone is not something that I’m used to, but I have to make an effort to try to live in this situation. It’s rough. It’s lonely; it’s depressing. Work alone is depressing enough when you’re there. And not to be able to connect with your family like you would on a normal basis? It’s even harder. Prayers, I would have to say, are the only thing keeping me strong enough to do what I need to do as a mom, a wife and also a nurse. It’s just a very overwhelming, emotionally draining, physically draining situation. And we truly don’t know if the end is anywhere near. There’s a lot of sacrifices all of us are making, and I don’t think a lot of people are seeing that.” — Falguni Dave, 45, charge nurse, Stroger Hospital, Chicago

Latino communities in Illinois see uptick in COVID-19 confirmed cases: ‘Physical distancing is a privilege’

May 6, 2020

As a wave of coronavirus infections spreads through Latino neighborhoods in Chicago, one health site in Little Village has seen people so sick with the new coronavirus that they’ve passed out while waiting to get tested.

The testing facility, a collaboration between Howard Brown Health and Project VIDA, has tested 1,175 people since April 16, and a majority — about 56% — have tested positive for COVID-19 and almost all are exhibiting multiple symptoms. By Tuesday, the clinic had gotten results for 761 tests but was still awaiting results for the rest.

“There’s a high probability that anyone in that neighborhood has been exposed,” said David Ernesto Munar, the president and CEO of Howard Brown Health who noted that it’s one of the highest positive rates it has seen among the testing facilities it is running in Chicago.

Data on cases and coronavirus-related deaths is opening a window into how hard the pandemic is hitting Latino communities. Across Illinois, Latino-majority areas have the highest number of confirmed cases, and on average, tests in those areas come back positive 41% of the time. As of Tuesday, a ZIP code in South Lawndale, which includes Little Village, had the highest number of cases in the state, 1,596.

It’s harder to count the number of Latinos who have died of the new coronavirus because the medical examiner hasn’t until recently been labeling cases with that identifier. But by Tuesday, ZIP codes that include Little Village, with 50 deaths, and Belmont Cragin, with 40, Latino majority-areas, were among the city neighborhoods with the greatest number of fatalities.

Maria Ochoa, 50, of Back of the Yards, is among those who have fallen sick with COVID-19 in recent weeks. She knew about the virus and tried to do all she could at home to keep her family safe.

But at her husband’s job at a meatpacking plant on the South Side, workers were still using a communal kitchen. Then they started to hear about people calling in sick. Finally, members of the family started to get back pain followed by body aches and fevers.

One clinic turned her away, but she was able to get tested at a second. She, her husband and her 28-year-old daughter tested positive for COVID-19, Ochoa said. Two teenage sons appeared to show some symptoms for a day or two.

“I felt like my brain was enlarging,” Ochoa said in Spanish. “I felt like I was dizzy all day. I couldn’t get up. I was in bed for four days, and I didn’t have an appetite.”

On the Northwest Side, a ZIP code in the Humboldt Park neighborhood had the sixth highest infection rate in the city with about a third of the more than 2,500 tests coming back positive for the coronavirus.

As is the case across the country, many among those living in the area who have died were nursing home residents.

On California Avenue, just east of the park, at least 19 people at Center Home for Hispanic Elderly have died of COVID-19-related complications. A staff member said by phone that workers had been instructed to not speak to the media,

and other media have reported the home had not reliably communicated with family members of residents who contracted the virus.

Center Home's website has no information about the coronavirus, but Gary Mack, a hired spokesman for the nursing home, said there had been 50 confirmed cases among residents, including those who had died, and 23 among nursing home staff.

"Across the county, a lot of nursing homes are suffering from staffing shortages themselves," Mack said, adding that while the home cannot test in-house, they are following IDPH protocols for anyone who comes in.

Two-thirds of the patients in the COVID-19 unit at Mount Sinai Hospital, on the city's West Side, are Latinos, said Dr. Sunita Mohapatra, the infectious disease chief at the hospital. A lack of private insurance along with the likelihood of having preexisting conditions could be factoring into the high numbers, she said.

"They're coming into the hospital when they are already a lot more sick," she said. "A lot of people are still working, and they are working these jobs that are putting them at risk."

A group of 50 elected officials and medical professionals making up the Illinois Latino COVID-19 Initiative has started to push for changes to the state's response, given the high rate of infection in Latino communities.

The initiative points to data from the Illinois Department of Public Health, including that more than 65% of Latinos who were tested turned out to have COVID-19. That may be an indication that many Latinos wait until experiencing severe symptoms before they get tested.

Munar said in Little Village they are seeing a "perfect storm" for spread. Close living quarters for many families make it difficult to self-isolate, and many residents are essential workers. About 80% who have been tested didn't have insurance, said Christopher Ávalos, the media coordinator for Project VIDA.

"Physical distancing is a privilege," said Dr. Marina Del Rios, an emergency room physician at University of Illinois in Chicago Medical Center who is part of the initiative.

She and her colleagues at other hospitals are seeing more Latino patients coming in, often after they've been sick for some time — making her fearful the death toll also will start to rise, as it did earlier in the African American community.

"Now, the question is, 'Is this the new wave, the Latino wave?'" she said.

Stephanie Willding, the CEO at CommunityHealth, a West Town clinic, said she started to get messages from the community about a month ago telling her that people were sick but were scared to seek medical help. The pandemic intensified just as the Trump administration started to implement the "public charge" rule, which could penalize immigrants who seek public benefits. The clinic, which provides health care to those without insurance, was able to start drive-thru testing last week.

The clinic is able to process 10 to 20 tests per day, and about 45% of the tests are coming back positive, Willding said.

To help fight COVID-19, Munar said Howard Brown Health has been using the same methods of contract tracing it has used for years to stem the spread of HIV. But efforts are often delayed because test results can take days to come back, Munar said.

Many said expansive testing is needed in Latino communities. Del Rios and others said testing should include federal qualified health centers or community-based organizations, which immigrants tend to trust more than a hospital.

U.S. Rep. Jesus “Chuy” Garcia, D-Illinois, is pushing for a host of actions on the federal front, while also talking to state officials to see where gaps can be filled if the federal government does not act.

“Latinos are feeling a good part of the brunt of the disproportionate impact that the pandemic is having on the country, and when you consider that for years now they’ve been under direct attack from the president, from his administration, it’s no wonder that they aren’t as likely to seek testing,” Garcia said. “And too, they were left out of the provisions of the bills that we have passed so far for treatment.”

City officials said in a statement that Mayor Lori Lightfoot has tasked the Mayor’s Office of Racial Equity Rapid Response Team, initially set up to respond to COVID-19 disparities in the African American community, with creating “a bilingual and strategic plan to aggressively and effectively support Chicago’s Latinx community.” The plan, they said, will include a new communications strategy and community outreach. The city is working with nonprofits, the media, elected officials, the Mexican Consulate and labor unions on the effort.

To get a better picture of the pandemic and lessen the spread in Latino communities, Cook County officials are setting up testing sites at county health centers. One will be at the North Riverside Health Center, which serves communities like Cicero, Berwyn and Melrose Park that have majority Latino populations. Of Chicago suburbs, the highest number of cases as of Tuesday were in Cicero, 89% Latino, which had 1,325 COVID-19 cases, followed by Des Plaines, with a 19% Latino population, with 874, according county data.

The county also is working with community groups that already serve Latinos to provide services that people may need to isolate if they are sick and quarantine if they’ve come into contact with infected people. In addition, the county is working with community groups to plan for tracing the contacts of infected people, a program Gov. J.B. Pritzker says must be expanded statewide before he lifts his stay-at-home order.

The hope is that Latinos will “have the confidence that when they get a phone call because they have a positive test, that we’re not there to get personal information because we’re reporting them to an agency,” said Dr. Rachel Rubin, senior medical officer for the county Department of Public Health. “No, we’re doing that because we’re trying to protect them and their families and their communities.”

In Brighton Park, access to food also has become a real problem, said Arturo Carrillo, director of health and violence prevention for the Brighton Park Neighborhood Council. Food pantries in the area have run out of food, and some people are having trouble getting groceries.

The area is filled with essential workers, but many aren’t eligible for unemployment benefits or federal stimulus funds, Carrillo said.

Outside of Cook County, Latinos have fewer resources and less information is provided in Spanish, said Eréndira Rendón, who works with the Chicago-based Resurrection Project. Several of Rendón’s relatives in suburban counties have gotten sick with COVID-19, and she’s helped guide them through the process of trying to get tested. Some, like her father, were never able to get tested.

Rendón said state officials should have a coordinated plan for the Latino community that includes more Spanish-speakers during the daily briefings.

“Most people don’t live here (in Chicago), it’s too expensive now,” Rendón said. “We don’t have a Cook County health system out there. So I think that adds another layer of accessibility.”

When COVID-19 Meets Health Inequality

May 5, 2020

In cities like Chicago and its surrounding Cook County, the coronavirus pandemic is turning longtime health inequalities among prisoners and poor neighborhoods into a nightmare.

COVID-19 has shone a bright spotlight on the deep cracks of inequality in Chicago. Unfortunately, some of the decisions being made by those in charge of Cook County, which includes Chicago and its surrounding suburbs, have been somewhere between oblivious and negligent.

I spent two recent Sundays working at Cook County Jail. Located in Chicago, it is one of the largest prisons in the entire country, and it was at one point the nation's largest-known hotspot of COVID-19 infections. As of April 30, almost 800 detainees and staff have tested positive, and six inmates and one officer have died. I've been a nurse for thirteen years and spent eight of them in the busy emergency room at Cook County's Stroger Hospital. This has been my first time working in a prison setting. It was worse than I anticipated.

Several of the inmates reported not getting adequate care. Another I worked with was incidentally diagnosed with diabetes after their incarceration. He was so frustrated because he had contracted COVID-19, he didn't believe the diabetes diagnosis was true, was refusing treatment for the diabetes, and had been protesting by hunger striking for two days. Two other young men with diabetes had glucose levels higher than my device could measure. One said this was because he had not received his insulin the day before.

I asked another nurse how this could have happened. They responded that when there is not enough staff, people do not get their medication. Short staffing is a chronic problem that management is aware of, but nurses have not spoken out for fear of retaliation.

Nurses are now being hailed by many as heroes, people who are putting their lives on the line to help others. But there is a disconnection between that lionization and the actual conditions many nurses are operating in.

Almost all of the challenges we confront did not arise on the day coronavirus emerged — they have existed for decades. Thousands of people incarcerated at the jail have not been convicted of anything, but they are being held because they cannot afford bail. The court system was overburdened prior to the pandemic, and now prisoners face a potential death sentence for the crime of being poor, in a state that abolished this practice almost ten years ago.

African Americans make up about 30 percent of Chicago's population, but 72 percent of deaths from COVID-19. This pandemic has exacerbated the underlying health inequities and medical apartheid that have existed in this country for centuries. Those who have already suffered so much have had the dial turned up.

The United States spends more than any other country when it comes to health care, and it has some of the worst outcomes — particularly when it comes to poor communities of color. Multiple peer-reviewed studies have linked health to adequate housing, access to healthy foods, availability of primary health care and medication, having a job that pays a living wage, and the level of stress one endures. I have met countless patients who take their blood pressure pill every other day instead of daily, who split insulin with a family member. It should come as no surprise that overall control of hypertension and diabetes in this country is dangerously low.

The reason I had been assigned to the jail was because the South Side emergency room I have had a part-time job at for the past two and a half years was closed for renovations on April 6, set to reopen on May 6. The first hospital ever opened and operated by African Americans, Provident is in the poor community of Washington Park. Adjacent to the much wealthier neighborhood of Hyde Park, home to the University of Chicago, average life expectancy drops fourteen years if one is born on the “wrong side” of Cottage Grove Avenue in Washington Park.

According to Cook County Board president Toni Preckwinkle, Provident Hospital’s ER was closed for renovations because “a member of our health care staff in the emergency department had [the coronavirus].” But there’s not a single comparable health care setting anywhere in the country in which at least one employee has not tested positive for COVID-19.

This same Cook County government, which is responsible for both the jail and the health system that includes Provident, has prepared a 66,000-square-foot makeshift morgue. This refrigerated warehouse will be able to contain more than two thousand corpses. Given the extent to which the disease has spread, the morgue is, unfortunately, probably needed. But the county’s inaction at jails and its shuttering of the Washington Park emergency room will help fill up that morgue. We need more health care in communities like Washington Park, not less.

My colleagues and I were not opposed to improving the ER, but we didn’t think it needed to be entirely closed. An emergency room is not like a Burger King. You can’t just turn the lights off and put up a closed sign when you find a mouse in the fryer. People come to the ER because they need emergency care. In my time there, I have worked with women who are victims of domestic violence, people who can’t breathe because of asthma, people having heart attacks, people who have traumatic wounds, and people who have stopped breathing because of a heroin overdose.

We also didn’t think an upgrade should take a month. A ten-minute drive north from Provident Hospital is McCormick Place, where \$13 million was spent to have 400 construction workers laboring around the clock to convert the convention center into a hospital. Are the families of Washington Park less important?

Alongside our union, National Nurses United, nurses organized protests. We reached out to other unions like the Chicago Teachers Union and community organizations active in that area. We held a press conference on the afternoon of Monday, April 6, and we asked why they were closing a community emergency room in an African American neighborhood just when this pandemic was hitting the hardest. We started an online petition that eventually garnered almost three thousand signatures. We created a video that stated the case and started sharing it and the petition on social media. We asked the signers of the petition to call politicians and demand they reverse the decision.

We succeeded in getting the ER to be opened up sixteen days earlier than the county originally announced. Regular working people, united through their unions, community organizations, and local politicians, decreased the chances that something tragic could have occurred during a closure. It’s entirely possible that a very sick person could have been brought to those ER doors, where inadequate help would have been available.

What else can be done? We can reduce the population of Cook County Jail, expedite the cases of those who can be released, and increase the level of health care for the people who must remain. Resources exist to meet this catastrophe — Cook County should place resources in areas where they will have maximum impact. Downtown Chicago has hundreds of hotel rooms vacant due to the pandemic. If the concern is that those awaiting trial, simply there because they cannot afford bail, pose a health risk to their communities, house them in hotel rooms. Let them be quarantined for two weeks before returning to their own homes. Their legal proceedings can be taken up after this crisis.

Long-term solutions to the preexisting problems plaguing our health care system must be acted upon. It should already have been a three-alarm emergency that there is a life-expectancy gap of thirty years between the wealthy and predominantly white areas of Chicago and the underfunded neighborhoods predominantly populated by people of color. This was true before COVID-19. The gap will only widen under the pandemic unless governing bodies like Cook County act to maintain and expand health care rather than contract it, and unless we rapidly dismantle the carceral system that is making the pandemic infinitely worse.

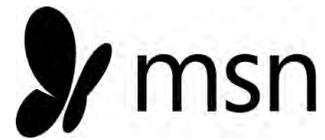
Chicago Tribune

Daywatch: COVID-19 deaths hit two-week low in Illinois, United Airlines slashing jobs and Chicago lands James Beard Award nominations

May 5, 2020 – Chicago Tribune

The drug remdesivir got emergency use clearance from the FDA. What will that mean for treating COVID-19?

Though the federal government has cleared the antiviral drug remdesivir to treat some COVID-19 patients, don't expect it to be put into routine use anytime soon. The emergency use authorization granted Friday by the Food and Drug Administration allows the drug to be given to patients with COVID-19 only if they are severely ill — with blood oxygen levels at 94% or lower, or otherwise requiring supplemental oxygen.



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The emergency use authorization granted Friday by the Food and Drug Administration allows the drug to be given to patients with COVID-19 only if they are severely ill — with blood oxygen levels at 94% or lower, or otherwise requiring supplemental oxygen.

Supply of the drug also is limited, given remdesivir is a complex intravenous medication made by one company that already must provide enough of it to support the clinical trials being conducted at nearly 200 sites across the globe. The antiviral drug, a medicine first developed to treat Ebola with less than glowing results, is still considered experimental.

For now, the federal government will decide who can get treated with the drug outside of the continuing research trials.

"The U.S. government will coordinate the donation and distribution of remdesivir to hospitals in cities most heavily impacted by COVID-19," the company that makes the drug, Gilead, said in a statement. "Given the severity of illness of patients appropriate for remdesivir treatment and the limited availability of drug supply, hospitals with intensive care units and other hospitals that the government deems most in need will receive priority in the distribution of remdesivir."

Friday's FDA authorization was based in part on an initial finding from a National Institutes of Health trial in which patients given remdesivir recovered from the disease 31% faster than patients given a placebo. Those receiving the drug recovered in an average of 11 days as opposed to 15 days for the control group, said Dr. Gregory Huhn, an infectious disease physician at Stroger Hospital in Chicago. Huhn is heading the hospital's participation in a separate remdesivir trial, run by Gilead, that the FDA also cited in making its decision.

"There also was a mortality difference, not statistically significant, but 8% mortality for those in the remdesivir arm versus 11% in the placebo arm," Huhn said of the NIH trial.



Dr. Gregory Huhn, an infectious disease physician at Stroger Hospital, is shown May 4, 2020, outside Cook County Health in Chicago. (Raquel Zaldivar / Chicago Tribune)

“It’s not a miracle drug,” said Dr. Babafemi Taiwo, chief of infectious diseases at Northwestern Medicine, which has 19 patients enrolled in the NIH trial. “It’s not a panacea. But it’s a much better option than a placebo.”

Taiwo said faster recovery times would be beneficial not just to the patient but also to the health care system. “If patients are able to leave the hospital faster, it means that there will be more opportunity to take care of more patients, and the stress on the health care system will be lessened,” he said, adding that he hoped the final results of the study would show lower death rates for patients treated with remdesivir.

The language in the FDA’s emergency authorization for the drug is cautious. “It is reasonable to believe that the known and potential benefits of (remdesivir) outweigh the known and potential risks of the drug for the treatment of patients hospitalized with severe COVID-19,” the FDA letter of authorization states. The risks include increased liver enzymes that may indicate damage to that organ and reactions caused by infusions, including low blood pressure, nausea and sweating.

Remdesivir is one of two drugs for which the FDA has granted an emergency use authorization during the COVID-19 pandemic. The other is hydroxychloroquine, which President Donald Trump has touted as a COVID-19 remedy, though recent study results indicate it may not be terribly effective and comes with potentially fatal risks.

Huhn said remdesivir was given a more thorough trial run before emergency use was granted. “The EUA for hydroxychloroquine was granted without this degree of data, especially in a placebo-controlled trial,” Huhn said.

For remdesivir to be used more widely, it would need to meet the more rigorous standards required for FDA approval. Many of the restrictions would then be lifted.

Huhn noted that results from one arm of the Gilead study, focused on moderately ill patients, could be analyzed within a matter of weeks. “That might be the basis for FDA licensure as well,” Huhn said.

Initial results from the Gilead trial taking place at Stroger Hospital and other locations are showing no statistically significant difference in outcomes for severely ill patients who received remdesivir for five days and those who were given a 10-day course, Huhn said. That is encouraging because it suggests the drug might go twice as far as first hoped. “You can actually double the amount of global supply if you can treat patients in five days versus 10 days,” Huhn said.

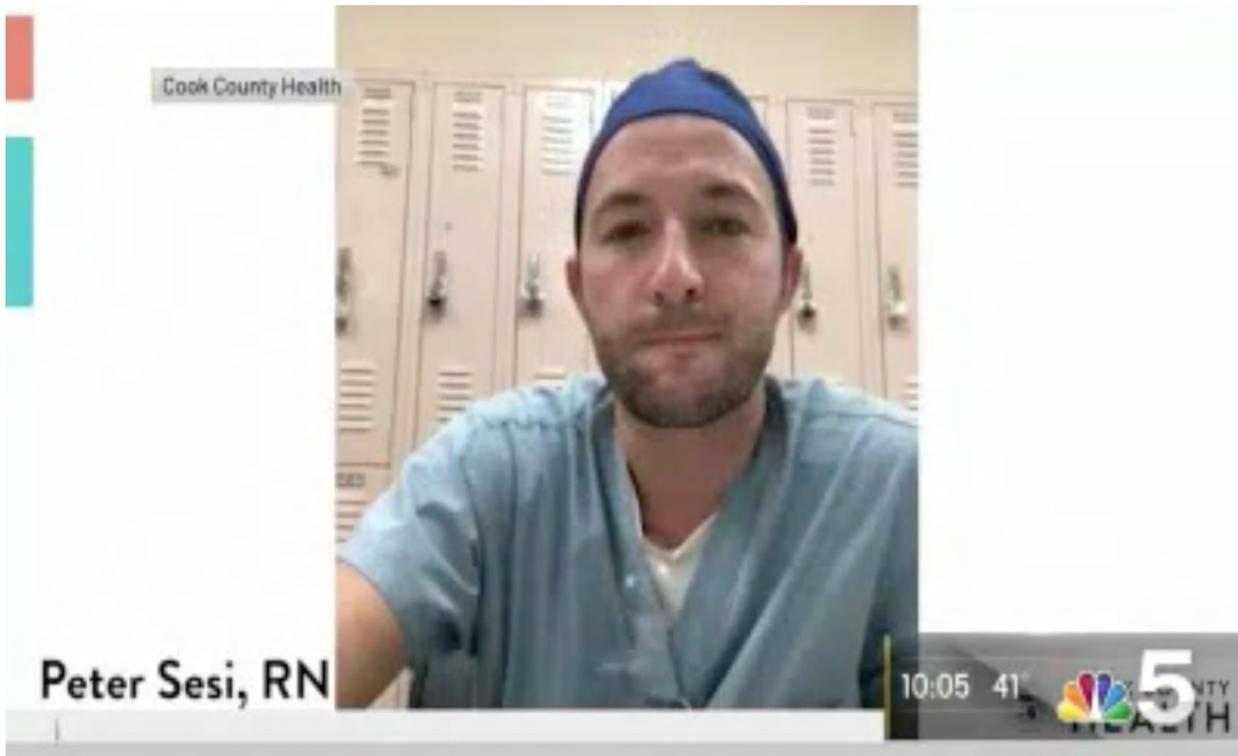
Huhn views remdesivir as a potentially useful tool in the medical arsenal used to combat COVID-19, even if it’s no silver bullet.

“This would be the first push in a therapeutic counteroffensive,” Huhn said. “I think to get to the other side of COVID-19, we’re going to need a multidimensional approach with effective and safe therapeutics and certainly an effective vaccine that will bring us to herd immunity.”



Chicago Nurse Speaks Out on Challenges Hospitals Are Facing Amid Pandemic

May 4, 2020



A Chicago nurse is speaking out about his experiences on the front lines of the fight against coronavirus. NBC 5's Lexi Sutter has the story.

The Daily Line

Morning briefing: Cook County fends off first responders' lawsuit, county eviction moratorium extended, McCormick Place field hospital winding down

May 4, 2020

A judge ruled against a suburban emergency dispatch service in the group's lawsuit against Cook County health officials. Meanwhile, Cook County Chief Judge Timothy Evans extended a suspension of most in-person court activity, as well as eviction and foreclosures. And city and state health officials announced they will stop accepting new patients at the makeshift hospital created inside McCormick Place.

2 ER doctors get married in front of old Cook County Hospital during coronavirus pandemic

May 4, 2020

Two emergency medicine doctors who live in Chicago got married over the weekend in front of the old Cook County Hospital.



Dr. Eric Leser is currently an ER physician at Riverside Hospital in Kankakee.

Dr. Victoria Gonzalez is set to graduate from the Cook County program next year.

“I was a student, walked in to an overnight shift in January and Eric was the senior resident taking sign-out. We had about two shifts together and then after our second shift he asked me out,” said Gonzalez.

That was back in 2016.

Eric proposed in the Cayman Islands and they set the date: October, 2020.

But in the middle of planning that, they found themselves on the front lines in the fight against COVID-19.

“I think it’s pretty surreal, just because you’re seeing all ages affected,” said Gonzalez on treating COVID-19 patients.

Amid the uncertainty, they decided to move the date wedding date up.

“We don’t know what’s going to happen,” said Eric. “We’re taking all the safety precautions we can, but I didn’t want to waste any more time. She didn’t want to waste any more time. We love each other and we knew this was right and just wanted to make sure this got done.”

The newlyweds tied the knot Sunday with Cook County ER Program Director Dr. Michael Schindlbeck performing the ceremony.

Health Pulse: Moneymaking elective surgeries to resume • The COVID racial gap • Antibody tests take off

May 4, 2020

JUDGE RULES AGAINST SHARING ADDRESSES OF COVID PATIENTS: A judge cited privacy concerns in his ruling against a northwest suburban 911 dispatch system's bid to force Cook County to share addresses of COVID patients with first responders, the Chicago Tribune reports.

COOK COUNTY QUESTIONS FUTURE PARTICIPATION IN 'BIASED' SAFETY GRADING: Cook County Health may stop participating in the Leapfrog Hospital Safety Grades, saying it was disappointed and frustrated that the nonprofit group's methodology favors hospitals with large insured populations. The county's John H. Stroger Jr. Hospital received the only F grade among Illinois hospitals participating in the twice-yearly grading.



Coronavirus Chicago updates for May 4

May 4, 2020

Cook County Health leadership and EMS will gather and line up EMS vehicles to salute nurses entering their shift to celebrate National Nurses Week.

National Nurses week is celebrated worldwide from May 6-12 every year. Nurses are recognized for the important role they play in healthcare and the contributions they have made to society.

Cook County Health seeks to honor the individuals known as the heart of healthcare and is proud of their willingness to be on the frontlines serving our community during this pandemic.



Cook Co. Offers Respite Housing For First Responders, Healthcare Workers

May 4, 2020

Cook County Board President Toni Preckwinkle, joined by the Cook County Department of Public Health (CCDPH), Cook County Department of Emergency Management and Regional Security (EMRS) and area first responders today announced the availability of respite housing for suburban Cook County healthcare professionals, first responders and correctional officers.

"To further help prevent the spread of COVID-19, healthcare workers from hospitals and nursing homes, first responders (including fire, police and EMS workers), and correctional employees who are on the front lines and have experienced repeat exposures, will have a place to safely quarantine away from household members at higher risk of complications from the disease," said Cook County Board President Toni Preckwinkle.

Hotel rooms for the respite housing program were secured by IEMA. EMRS coordinated planning and logistics for the program. CCDPH is overseeing implementation for those on the front lines of the COVID-19 pandemic.

Those who are eligible for respite housing include, but are not limited to:

- respiratory therapists, certified nursing assistants, patient care technicians, nurses, cleaning staff, transporters, radiology techs and medical assistants, among others
- police, fire, and emergency medical service (EMS) personnel employed or contracted by a governmental entity
- correctional employees

"Given the limited supply of hotel space, and that we are taking a health equity approach, priority is being given to workers who may not be able to afford to rent a hotel room," said CCDPH Senior Medical Officer Dr. Rachel Rubin.

Respite housing will be offered in 7-day increments. Renewal will be based on the availability of housing and what is needed to address the immediate threat to public health and safety.

"Right now, healthcare workers, first responders and correctional workers are our boots on the ground in the fight against COVID-19," said EMRS Executive Director William Barnes. "We have an obligation to provide them with this housing option to help them protect their families while they protect us."

Last week, Cook County unveiled the first phase of its COVID-19 alternative housing plan for people discharged from area hospitals who are unable to safely recover and isolate in their homes, including people who are homeless or housing insecure.

Cook County judge rules against mandating COVID-19 address-sharing to first responders

May 1, 2020

A northwest suburban 911 dispatch system failed in its bid to force Cook County to share addresses of coronavirus patients on Friday after a judge denied a temporary restraining order, citing privacy and discrimination concerns.

The ruling by Cook County Judge Anna Demacopoulos was in response to a lawsuit filed last month by Northwest Central Dispatch System, an Arlington Heights-based consolidation of 911 dispatchers at about a dozen suburban emergency departments.

The dispatch system sued the county, the Cook County Department of Public Health and its co-administrators, Kiran Joshi and Rachel Rubin, as well as Cook County Board President Toni Preckwinkle over the refusal to release names and addresses of people infected with COVID-19.

Dispatchers wanted that information so “first responders can take adequate precautions” when they run into coronavirus patients, according to the lawsuit.

The lawsuit argues that their proposed address-sharing does not violate the Health Insurance Portability and Accountability Act (HIPAA) because the threat of the public health emergency surrounding the coronavirus qualifies as an exception to the confidentiality rule.

At a hearing Friday, Demacopoulos noted that a list of those with COVID-19 could not be comprehensive enough to ensure first responders’ safety and could cause harm to residents.

“The last thing this court would want to do is give our first responders a false sense of security that could lead to tragedy,” Demacopoulos said.

She also voiced concerns over the privacy concerns of such a list, noting that “once that data is exposed, there is no taking it back.”

Demacopoulos noted the Illinois Department of Public Health’s position, supported by Preckwinkle, that releasing addresses won’t work because there are so many asymptomatic cases and testing gaps, meaning first responders should just always wear personal protective equipment.

Illinois Attorney General Kwame Raoul had advised that address-sharing is permissible due to the HIPAA exception, but he did not go so far as to recommend the practice.

The judge did grant the village of Lincolnwood’s motion to intervene and set another hearing for early June.

The lawsuit argues that address-sharing would allow first responders to discern when to use PPE — a benefit mentioned by suburban police chiefs who weighed in via written comments during a Cook County Board meeting last week, citing supply shortages.

Commissioner Scott Britton had been expected to introduce a resolution recommending the practice. He ended up sending the resolution back to committee pending the dispatch system’s lawsuit.

The county's Department of Public Health has echoed IDPH's concerns.

"Having an address isn't going to make someone safer," said Hanna Kite, spokeswoman for the CCDPH, in a Friday statement. "We want everyone to be as safe as possible and the best they can do is assume COVID-19 is everywhere and take the proper precautions."

Demacopoulos said that logistically, the COVID-19 list would be impractical because 911 dispatchers can already cull real-time information on coronavirus symptoms when responding to a call.

A list from the CCDPH would require daily updates on patients who recovered, died, got false-positive results or self-isolated in different locations, she said.

Fears over being identified as a COVID-19 patient could also harm black residents and people in the country without legal permission, who have complicated relations with police, Demacopoulos said. She said that those qualms could exacerbate the virus's prevalence in those communities should people feel discouraged of getting tested out of concern of ending up on a list.

Advocacy groups, fretting over the harm that address-sharing would sow on police and community relations, decried the practice last week.

Michael Rabbitt, founding member of the Northwest Side Coalition Against Racism and Hate, said in a written comment during the Cook County Board meeting that identifying coronavirus patients — who in Cook County are disproportionately black — subjects them to prejudice.

"From a harm standpoint, we must view this through the lens of the experiences people of color have had with the police, especially black and brown residents of Cook County," Rabbitt wrote. "Given the history of systemic racism and shortcomings of police accountability, especially in Chicago, could this increase the risk of harm?"

Demacopoulos encouraged the parties in the lawsuit to find a solution that balances safety and privacy concerns.

"These are extraordinary times we are experiencing," Demacopoulos said. "Just because the adversarial process results in a rule doesn't mean the conversation between litigants needs to stop. ... Now is the time to work together."

Judge denies motion to give first responders names, addresses of COVID-19 positive residents

May 1, 2020

A Cook County Circuit Court judge denied an emergency motion Friday to give first responders access to names and addresses of those who've tested positive for the coronavirus.

Judge Anna Demacopoulos said that while the "harm feared" by the Northwest Central Dispatch System for emergency workers is real, it "simply will not be avoided by the relief that it" sought in court.

And the potential harm faced by the public health department and the public interest is "real, concrete and avoidable," Demacopoulos said in a video conference for the hearing.

"The public's privacy rights and the health privacy rights especially are some of the strongest rights under the constitution and the laws of the United States and Illinois," Demacopoulos said. "Once that data is exposed, there is no taking it back."

The dispatch system sought the names and addresses of residents who tested positive for the coronavirus within the boundary of the Northwest Central Dispatch System.

The group filed an emergency motion Thursday, trying to expedite the release of that information. That move followed the filing of a lawsuit against the county's Department of Public Health, Cook County, Cook County Board President Toni Preckwinkle and the two heads of the health department, Doctors Rachel Rubin and Kiran Joshi, all in their official capacities.

In a statement, Preckwinkle said she remains "supportive of the Cook County Department of Public Health's decision not to release such information in order to preserve the private health information of Cook County residents," and she vowed the county will "continue to work with our municipal and first responder partners to continue to secure additional PPE through our local, State and federal resources."

The case, as well as a County Board resolution that would provide first responders with the addresses of those who've tested positive for the virus, ignited a debate on the balance between the public's right to privacy and the need to protect first responders.

At the board's virtual meeting last Thursday, police and fire officials from several suburban Cook County municipalities submitted written testimony, voicing their support for the measure.

Hazel Crest Police Chief Mitchell R. Davis III, president of the South Suburban Association of Chiefs of Police, said first responders have made "tactical and procedural adjustments" for responding to calls. but "it is not practical for first responders, specifically police officers, to respond to every call for service in full PPE."

"We already give our officers all available intel that we have on dangerous individuals and locations before we dispatch them for service," Davis said in his written remarks. "COVID-19 is a danger that we knowingly have information available on, and a conscious decision is being made not to make that information available for dissemination to our officers for their added safety."

Colleen Connell, executive director of the ACLU Illinois, has said the proposal was "quite troubling."

After Friday's decision, Connell said Demacopolous "recognizes that it's important that we protect constitutional rights in a pandemic."

"Public health authorities do not think the proposed disclosures are the best way to protect public health or first responders' health," Connell said. "This is a win for doing the right thing, which is adopting and implementing policies that protect public health and privacy rights of patients and good decision."

Cook County Health Set to Interview CEO Candidates

May 1, 2020 – Health News Illinois

Interviews for the vacant Cook County Health CEO job may begin as early as this month.

M. Hill Hammock, chair of Cook County Health’s board of directors, told board members during Thursday’s virtual meeting that, after several months, the search firm Heidrick and Struggles has presented its list of candidates to take over the role.

The board will shorten the candidate list in closed session, with interviews set to start either this month or in June, Hammock said.

“The search process has been going on full-tilt, in spite of all the other challenges that we’ve had,” he said.

Former CEO Dr. Jay Shannon left at the end of last year after his contract was not renewed. Debra Carey has served as interim CEO of the health system since his departure.

Other notable departures from the system in recent months include Cook County Health Chief Financial Officer Ekerete Akpan, who left the organization in February. Dr. Terry Mason, Cook County Department of Public Health’s chief operating officer, was forced out in early April.

Hammock told board members Thursday that Akpan was fired over his handling of revenue estimates, which caused the system’s budget request to the county board last year to be well below what was necessary to meet increased expenses.

“It was a shock to us to see such a disconnect, and as a result, we terminated our chief financial officer,” Hammock said.

The system announced earlier this year that it retained an advisory firm to review and evaluate its’ fiscal year 2020 budget.



Poland sends medical mission to the United States

May 1, 2020

A NATO medical mission from Warsaw's Military Institute of Medicine departed for Chicago on Thursday in order to help with the fight against COVID-19, and to exchange lessons learned and best practices.

NATO say that the nine-member team will visit various hospitals in Chicago over the course of their week-long mission, and are due to share their knowledge through seminars and webinars with medical institutions including John H. Stroger Hospital, Cermak Health – Cook County, and the Rush University Medical Center.

The Polish doctors will also work alongside their US counterparts to treat patients at the McCormick Place Convention Center, the largest field hospital in the city.

NATO Spokesperson Oana Lungescu welcomed the mission, saying:

“NATO Allies stand in solidarity in responding to the COVID-19 pandemic. Working together, our nations have been helping each other to save lives, including by sharing medical expertise. The Polish medical mission to Chicago shows once again that in facing global challenges, we are stronger together.”

Health Pulse: Illinois health providers back stay-at-home order • Hospital safety grades • Remdesivir shows promise in COVID fight

May 1, 2020

LEAPFROG RELEASES HOSPITAL SAFETY GRADES: With the exception of a failing grade at Cook County's Stroger Hospital, Chicago hospitals maintained their ratings from last fall to this spring, according to nonprofit group Leapfrog.

REMDESIVIR PROVES EFFECTIVE ON COVID-19 IN CLINICAL TRIAL: Chicago hospitals were involved in a clinical trial of Gilead Sciences' antiviral remdesivir, which the National Institutes of Health said showed effectiveness in treating COVID-19 in clinical trials

Where are the 13 Leapfrog 'F' hospitals?

May 1, 2020

The Leapfrog Group gave 13 hospitals failing grades in its Spring 2020 Hospital Safety Grades released April 30.

The organization assigns letter grades every fall and spring to more than 2,600 acute care hospitals for patient safety performance.

Here is a list of this spring's "F" hospitals broken down by state:

California

Alameda Hospital
San Joaquin General Hospital (French Camp)
San Leandro Hospital
Santa Clara Valley Medical Center

Florida

Tallahassee Memorial Healthcare

Iowa

Ottumwa Regional Health Center
UnityPoint Health-Marshalldown

Illinois

John H. Stroger Jr. Hospital (Chicago)

Indiana

La Porte Hospital

Maryland

Bon Secours Hospital (Baltimore)

New York

Rome Memorial Hospital

Oklahoma

Comanche County Memorial Hospital (Lawton)

Texas

Matagorda Regional Medical Center (Bay City)



Reopening Illinois: Why Contact Tracing Is Vital

April 30, 2020

Public health experts say one crucial key in lifting stay-at-home orders and re-opening the economy is to identify all coronavirus cases and to trace contacts of each identified case.

The practice is called contact tracing, and it is tedious work.

“It is a very time-consuming, time-intensive process,” said Palak Panchal, the lead epidemiologist in the surveillance, control and prevention of vaccine-preventable diseases for the Cook County Department of Public Health. “We have to build trust with [positive patients] and have an empathetic conversation, so that they feel comfortable to give providers deep detailed information.”

Among that information includes places visited and people contacted within 48 hours at the onset of symptoms. A close contact is identified as anyone who was within six feet of proximity for at least 10 minutes, Panchal said. Tracers then reach out to those close contacts to advise them to monitor symptoms and self-isolate.

“We are essentially cutting off the oxygen for the virus to transmit from one person to another,” Panchal said.

Researchers at Johns Hopkins University estimate that each infected person can spread to virus to three other people, meaning that first positive case can turn into more than 59,000 cases in 10 rounds of infections.

But as the number of cases steadily climbs, Panchal and her team of 25 tracers must prioritize who to call first.

“These include health care providers, people who are vulnerable, such as elder people, those who have severe illness or underlying conditions,” Panchal said.

Experts said the U.S. would need to add at least 100,000 – and upwards of 300,000 – tracers to the public health workforce in order to safely re-open the economy.

It will take a massive financial investment from Congress. A bipartisan group of former public health officials is proposing a \$46.5 billion plan to expand the contact tracing workforce and to implement income support for people who voluntarily self-isolate.

“As we open up some measures, we would need to very quickly identify a case, when they are early in their course, and make sure that they are separated or isolated from others,” said Dr. Susan Bleasdale, an infectious disease physician at the University of Illinois.

In Indiana, Gov. Eric Holcomb announced Wednesday that a call center of 500 contact tracers will go live on May 11. He said those who test positive will receive an email or text, asking them to contact the call center. The center will also send daily texts or emails to monitor a person’s symptoms, Indiana officials said.

“We feel very good and confident in the mission,” Holcomb said.

Illinois Gov. J.B. Pritzker offered few details when asked about the state’s tracing program but said plans are in the works.

“It’s not something that will happen overnight,” said Pritzker. “But there’s no doubt that we are hiring a number of people – we are in the process of putting the infrastructure together to hire people.”

Technology will also play a crucial role in contact tracing.

NBC 5 Investigates profiled an app being developed by the Massachusetts Institute of Technology that aims to help public health officials with contact tracing.

“Part of the process of dealing with this virus, this pandemic, is when somebody gets sick, you have to find out who else they might have infected,” said MIT Professor Alex Pentland.

Google and Apple released Wednesday new software to assist app developers in their contact tracing efforts.

The city of Chicago also launched Chi COVID Coach earlier this week to connect Chicagoans who test positive for the virus with COVID-19 resources.

Dr. Allison Arwady with the Chicago Department of Public Health said the app could be further developed into a contact tracing tool.

“We definitely think that technology plays some role in (contact tracing) and in fact, the app very well may be a piece of that, so it's on our list as an example of a modification that we are exploring, adding as we have more contact tracing capability,” Arwady said.

Racism 'influences who lives and dies' from COVID-19

April 30, 2020

COVID-19 is incapable of discriminating, yet black and brown people in Chicago and other cities are dying from the virus at much higher rates than whites.

That disparity is shining a harsh light on a long-standing reality of life in Chicago that led to a 30-year difference in life expectancy between upscale Streeterville and low-income Englewood.

"People are upset because blacks and Latinos are dying at disproportionate rates, but we actually die at disproportionate rates every day of the year," says Dr. Linda Rae Murray, a longtime public health expert.

"It's just that we do it in slow motion and most people are not aware of how great the health inequities are. They get surprised when we have something like a pandemic, or Hurricane Katrina, or a heat wave like in 1995 that shows these stark differences."

For minorities, COVID-19 poses an old problem wrapped in a new pathogen.

The virus has forced Americans to acknowledge that structural racism "influences who lives and dies, who receives quality care and who doesn't," says Fernando De Maio, co-director of the Center for Community Health Equity founded by DePaul and Rush universities.

Chronic conditions like diabetes and hypertension, which are linked to more severe COVID-19 symptoms, disproportionately affect minorities. At the same time, financial concerns, a history of inadequate care and other barriers might deter people of color from seeking medical help until it's too late. The stakes are even higher for undocumented immigrants and their families, who fear they'll be deported if they use the U.S. health care system.

In the case of an infectious disease, "it becomes abundantly clear that none of us are safe and none of us are healthy until all of us have some measure of safety and health," says the Rev. Marshall Hatch of Chicago's New Mount Pilgrim Missionary Baptist Church in West Garfield Park, a neighborhood hit hard.

African Americans make up less than one-third of the city's population, but as of April 29, they accounted for nearly 3 out of every 5 deaths from COVID-19, according to the Chicago Department of Public Health. That translates to a death rate for black Chicagoans more than three times higher than that of non-Latino white residents.

Public health experts warn that state- and city-level COVID data for Latinos is incomplete. But Murray says Latinos suffer from many of the same chronic health problems blacks do, so it's likely that the virus is taking a similar toll.

The virus has magnified racial fault lines driven by long-standing disparities in access to food, housing, education, safety and wealth.

A lack of access to nutritious foods, for example, is linked to higher rates of chronic conditions like kidney disease, which put patients at risk for severe COVID-19 symptoms.

“What this pandemic is going to do is redefine how we define health care,” says Lyndean Brick, CEO of Advis Group, a health care consultancy in Chicago. “It’s going to force us to say that addressing housing, nutrition, homelessness and joblessness is in fact health care. That’s what this pandemic has taught us.”

When De Maio moved to Chicago a decade ago, he was horrified by maps of childhood asthma, which showed much higher rates on the South and West sides.

“Then very quickly we saw that the asthma maps looked very much like the diabetes maps, which looked like the cancer maps, and they all combine into these horrible life expectancy maps,” De Maio says. Health disparities have been accepted by many “as part of poverty, part of living in a capitalist society. But it doesn’t have to be.”

Many of the inequities contributing to higher-than-expected mortality rates for people of color are driving the COVID-19 death gap.

Hatch notes that sheltering in place in West Garfield Park is not the same as in Lincoln Park. Many in Hatch’s neighborhood live with family and friends or in multigenerational households, rendering social distancing a challenge.

Working from home also is a luxury. Black and brown people are overrepresented in low-wage jobs deemed essential during this pandemic, including grocery store, public transit and hospital sanitation workers. That greatly increases risk of exposure and infection.

SICK CARE

People in low-income neighborhoods also must contend with a lack of access to timely medical services. To reduce COVID-19 spread early on, officials told sick residents to stay home and call their primary care doctor to see if they could be tested. “Well, people don’t have primary care doctors—they didn’t know who to call, how to call, who to reach,” Dr. Oluwatoyin Adeyemi, an infectious disease specialist at Cook County Health, told reporters last month. She added people can’t visit drive-up testing locations if they don’t have access to a car.

Meanwhile, stagnant reimbursement rates and rising health care costs have led hospitals in certain areas to shutter or transform.

Even some hospitals that have managed to stay afloat have been forced to cut lines of service. Jackson Park Hospital & Medical Center in predominantly black South Shore closed its obstetrics unit last year. The move is troubling as black women in Illinois are nearly three times as likely to die from complications of childbirth as white women, according to the state’s Department of Public Health.

Hospital finances have been further eroded by the spread of COVID-19, with the surge in infected patients forcing facilities to postpone or cancel lucrative elective surgeries as they ration scarce masks, gloves and other equipment.

The Illinois Health & Hospital Association estimates falloff in patient volumes has cost more than 200 hospitals in the state a combined \$1.4 billion a month.

The biggest financial hits are expected to be felt by critical access facilities downstate, and safety nets that treat patients regardless of their ability to pay for care, such as Cook County Health’s Stroger Hospital.

The county health system, one of the largest public networks in the country, cares for a large caseload of uninsured patients and has for years grappled with the rising cost of uncompensated care. Even before COVID-19 struck, the system projected that free care for the poor and bad debts would cost it \$590 million this year.

SECOND TAKE

Many public health experts say the most surprising part about the racial and ethnic data associated with COVID-19 is that it came as a surprise to many Americans.

Not since the 1995 heat wave that killed more than 700 Chicagoans has the city been forced to confront such sweeping public health inequities. Those deaths were triggered by an unusual but brief weather phenomenon, while the virus can be expected to linger unchecked for months or years until an effective vaccine is available.

Without controlling the hot spots, “we won’t put an end to this infectious disease epidemic,” says Dr. David Ansell, senior vice president for community health equity at Rush University Medical Center. “If we don’t actually address the kind of outbreaks that are occurring among our most vulnerable citizens, we’re all susceptible to it.”

Ansell, who has long addressed health disparities in Cook County, says he is encouraged by the voluntary, discretionary efforts of community groups like West Side United and the Greater Auburn-Gresham Development Corp. that are helping lift up high-risk communities during this pandemic.

“We have an opportunity to get it right in a way that we haven’t in the past,” Ansell says.

Elected officials agree. Chicago Mayor Lori Lightfoot last month ordered health care professionals to collect complete racial and ethnic data for patients with COVID-19 symptoms so the city can best support communities in need.

“The maps we saw revealed more than just cases of COVID-19, they illuminated the broken and, yes, racist system of inequality that has held these same communities in the grip of poverty for generations,” Lightfoot said recently.

As a result, her racial equity task force is focused on improving health outcomes and slowing the spread in Austin on the West Side and Auburn Gresham and South Shore on the South Side—three of the neighborhoods hit hardest by COVID-19. Efforts include distributing masks, expanding access to food and testing, and educating patients with chronic conditions that increase their risk of severe COVID-19 symptoms. Officials also say they hope to build up Chicago’s public health workforce to support the neighborhoods that are being disproportionately impacted.

Meanwhile, officials are providing hotel rooms to residents—including the homeless—who cannot safely isolate while recovering from COVID-19.

The long-term plan will need to focus on capital investments—a tall order at any time, but particularly during a recession with tens of thousands of Illinoisans out of work. Gov. J.B. Pritzker said late last month that Illinois faces a budget hole through the middle of next year of at least \$6.5 billion without more federal help.

Some experts remain optimistic, referencing corporate donations of personal protective equipment and meals to front-line health care workers during this crisis. But charitable donations alone won’t be enough. Lightfoot has said that, “in this moment, we’re going to do everything we can to right the wrongs of the past.” She contends that it won’t happen overnight, or even by the time this pandemic has passed.

And, as most area residents long for a sense of normalcy amid COVID-19, there are many hoping for something better than before.

“Many of us aren’t interested in going back to normal because normal was not so good,” says Hatch, whose sister and best friend died of COVID-19 in April. “Crisis always also suggests opportunity. . . . We get a chance with this crisis to reimagine a future that we can create.”

Dozens of reports from inside Cook County Jail paint a grim picture as COVID-19 cases soar

April 30, 2020

The Cook County Jail in Chicago, America's largest single-site pretrial detention facility, is now one of the top coronavirus hot spots in the nation. Despite an April 9 order from a federal judge requiring Sheriff Tom Dart to provide COVID-19 testing for symptomatic prisoners, implement social distancing, and distribute adequate sanitation and personal hygienic supplies, more than two dozen detainees interviewed by attorneys, advocates, and reporters in the last two weeks describe living conditions conducive to the spread of the virus and a lack of access to testing. On Monday, U.S. District Judge Matthew Kennelly issued a preliminary injunction ordering the sheriff to do more. To date, the sheriff's office has reported more than 800 confirmed cases of the virus, more than half of them among prisoners. So far, six prisoners and one guard have died of COVID-19.

This crisis has generated an unprecedented amount of prisoner testimonials about jail conditions. Their narratives are remarkably similar to one another and at stark odds with many of the sheriff's claims. For what seems like the first time in Dart's 13-year tenure, complaining voices of the people in his custody outweigh his professional public relations operation. Some criminal justice reform advocates are also finding a grim upshot to the coronavirus outbreak at the jail: It is proving that a drastic reduction of pretrial detention is achievable.

The criminal justice apparatus in Cook County lumbered to prepare for the inevitable arrival of the virus at the jail. On the eve of the statewide lockdown on March 21, the Cook County public defender's office filed an emergency motion, with support from public health experts and 25 advocacy groups, demanding the release of all medically vulnerable detainees from the jail. This didn't happen but judges did begin expediting some bail review hearings and an increasing number of defendants were put on house arrest. The state's attorney's office, meanwhile, stopped prosecuting low-level crimes, such as drug possession. In recent weeks the population of the jail—a 96-acre facility designed to hold more than 10,000 prisoners—has dropped by more than 1,300 people to a low of less than 4,200. But it was not enough to prevent the outbreak.

The first case of COVID-19 among prisoners was confirmed on March 23. A week later, 134 detainees were sick. On March 27, Dart held a press conference touting "single-celling" for almost all prisoners and saying reports of lack of access to soap were "lies." Meanwhile, the head of the jail's medical division (which is under the purview of Cook County's Health and Hospitals System and not the sheriff's office), Dr. Connie Mennella, said the division was "testing every person who is symptomatic," but the severity of the outbreak grew precipitously. That same day the union representing healthcare workers at the jail called for a "drastic" reduction of the jail population.

On April 3, a federal class action lawsuit was filed against Dart over jail conditions and by the end of the second week of April, some prisoners went on a hunger strike demanding access to soap and other sanitation supplies.

"The beds are three feet apart, the phones are two feet apart and then the seats at the table are a foot apart, so there is no social distancing," said Jafeth Ramos, 23, who has been held at the jail without bond on murder charges since 2016 and is housed in a dorm-style tier with 25 other women. "I feel like it's a death trap in here because we don't have no fresh air from outside . . . the air we breathe is recycled air from the vents so the coronavirus is in the air."

Sheila Rivera, a correctional officer who died on April 19, was a guard on Ramos's tier. Ramos said that although her unit is now on "quarantine," with all prisoners' temperatures being checked twice a day, it's impossible to get a COVID-19

test for any symptoms other than fever. She added that prisoners receive a mask every three days and two hotel-size soap bars each week, but that their bed linens haven't been washed since the start of the outbreak. In a statement, a spokesperson for the sheriff said new masks are issued to detainees every day and "laundry continues to be done daily."

Ramos said prisoners have access to hand sanitizer on the wall of the dorm, but the cleaning supplies are watered down, and it's impossible to maintain proper hygiene with shared showers, toilets, and phones. Ramos believes she has contracted the virus already, as do many of the other women in her dorm. "I had the hard breathing, the cough, the stopped-up nose, I couldn't taste or smell and I had a headache, but I never had the fever," she said. "If you don't have a fever they don't test you."

Affidavits from 13 prisoners filed in the federal lawsuit describe similar conditions in men's divisions of the jail: units where people are still held in dorms or two to a cell; no proper social distancing or cleaning of shared showers, toilets, and tables; a lack of access to testing, even for those who had acute symptoms or had contacts with others who tested positive. Prisoners have reported a total shutdown in non-COVID-related medical services: diabetics can't get blood sugar checked, chemotherapy appointments have been canceled, other requests for medical care go unanswered. South Side Weekly's recent publication of six interviews with people in the jail's Residential Treatment Unit offered a similar picture.

A spokesperson for the sheriff denied the cessation of medical services. "These affidavits have not been corroborated by any underlying evidence or documentation," he wrote in an e-mail to the Appeal. "Detainees continue to receive their medication on schedule and medical requests continue to be processed." He added that questions about medical services at the jail should be directed to the county health and hospitals system; its representatives didn't respond to multiple requests for comment.

Advocates behind the federal suit are concerned that the official response to the pandemic endangers pretrial detainees' health and violates their constitutional rights. "The [Illinois] Supreme Court has put in place a system that takes pressure off of judges to hold trials and resolve cases but provided no corresponding guidance on how to handle the rights of people who remain incarcerated during the suspension," said attorney Sharlyn Grace, executive director of the Chicago Community Bond Fund, one of the groups that brought the suit on behalf of jail detainees and collected testimonials from more than 500 of them since the start of the pandemic. "This is a recipe for indefinite detention."

Brandon Perkins, 27, has been at the jail without bond since 2016 on a felony murder charge. He's discouraged about delays in nonemergency case processing due to the statewide lockdown. "If we can't get to court we can't move on from this place," he said. "It's worse to be here than in prison because there's so much uncertainty."

Perkins is held in a single cell at Division 11 and was one of the organizers of the hunger strike over lack of access to proper sanitation, delays in case processing, and visitation cancellation. He said conditions inside the jail have improved somewhat since the strike. Supervisors had come to speak with prisoners, and everyone on his tier now gets a mask per day and access to hand sanitizer; visits are slowly being coordinated through Skype. Still, he said he has been unable to see a doctor about a shoulder injury and get a prescription refilled.

Ioan Lela, also in Division 11, was mid-trial for 2016 murder and home invasion charges when the pandemic lockdown began. He said he had COVID-like symptoms for two weeks but wasn't able to get a test. He's representing himself in court and said the pandemic has made it even harder for a pro se defendant like him to have a fair hearing.

"I did my opening argument and cross examination of the first witness on February 26 and I was supposed to go back to trial April 14, but of course that didn't happen," Lela, 38, said.

Prisoners that the Appeal interviewed all said they felt like their lives don't matter. "I guess because they think we're criminals and we're supposed to be here," Ramos said.

Perkins said it seemed like some community sympathy was building, with a caravan of supporters mobilizing outside the facility on April 7 and nurses staging a protest on April 10, but then, on April 14, Dart's office released video of an attack on correctional officers by people held in Division 9. The video clearly showed people housed two to a cell; it's not clear whether the attack was related to the COVID-19 outbreak.

"They kinda messed it up for us, the people who did the attack," Perkins said. "We kinda had some momentum going. Tom Dart was saying they're trying not to release any violent offenders and I feel like it adds to the stigma."

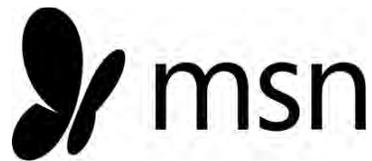
Lela said the release of the video seemed to be a calculated public relations move on Dart's part as the sheriff was facing increased criticism for his handling of the virus outbreak. "Tom Dart is quick to release a video when it benefits them."

In an e-mailed statement, a spokesperson for Dart denied or challenged the claims made by the detainees that the Appeal and others interviewed. "The Sheriff's Office continues to work with all federal, state, and local partners to ensure we have appropriate supply of all materials necessary to keep our staff and detainees as safe as possible," he wrote. "The information provided to you is both false and uncorroborated by any evidence or documentation."

According to Judge Kennelly's preliminary injunction, Dart has until Friday to further improve sanitation, increase testing, reduce dorm-style housing, and all but eliminate double-celling. But with the infection rate at the jail almost 20 times higher than in Cook County as a whole, it's likely that more prisoners and guards will get sick and may die in the days and weeks to come.

Although the rapid spread of the virus at the jail has tarnished Dart's reputation and exacerbated a public health emergency in Chicago, it has also shown that mass decarceration of people accused of crimes is within reach if the political will is there.

"People are understanding through the conversation about COVID-19 in jails and prisons how dangerous jails are," said Grace, whose organization has been on the front lines of fighting to abolish money bail in Illinois and managed to bail out 20 people from Cook County in the last few weeks. "Jails have always been unhealthy, unsanitary places where people don't receive the care they need. They've always had a high rate of mortality. People are hopefully coming to understand that through this acute crisis, and that could be a lesson we take forward to reduce the use of pretrial jailing."



Inside the Jail With One of the Country's Largest Coronavirus Outbreaks

April 30, 2020

The Cook County Jail in Chicago is one of the largest in the country. Sprawling across 96 acres on the Southwest Side, the facility houses more than 4,000 people, most awaiting trial. Its cramped living conditions made it a perfect petri dish for COVID-19.

Today, the jail is home to one of the largest known outbreaks in the country and has been a flashpoint in the national debate over how to contain the virus in correctional facilities. More than 9,400 cases have emerged in prisons across the U.S., according to an analysis by The Marshall Project. In the Cook County Jail, nearly 500 detainees and more than 300 correctional officers have tested positive. Seven people have died: six inmates and one guard.

Sheriff Tom Dart is now under fire for his oversight of the jail in the era of coronavirus. In a federal lawsuit, civil rights attorneys have blamed him for failing to curtail what they have called a “rapidly escalating public health disaster,” and the judge in that case has ordered Dart to improve sanitation, to expand social distancing and to report back on his progress.

At the same time, the judge said Dart had made a “significant, and impressive, effort to safeguard detained persons in his custody from infection by coronavirus.”

Dart has repeatedly defended his handling of the health crisis. While citing unique challenges — like weighing if a detainee might use hygiene supplies as a weapon, as one allegedly did this month by using soap inside a sock in an attack — he has maintained that his office has “been in front of this pandemic every step of the way,” from screening new admissions for the virus to supplying staff and detainees with hand sanitizer to educating detainees about social distancing.

But people who live and work inside the jail say otherwise.

WBEZ and ProPublica interviewed a dozen correctional officers, health care staff and inmates about how authorities responded to the crisis. They described a lack of personal protective equipment, inadequate testing and a spillover to community hospitals, as confusion and terror spread along with the virus. Taken together, their accounts offer potential lessons for other institutions that are now facing their own outbreaks.

Dart declined an interview, but his office responded to a list of questions. Below are people’s stories in their own words, edited for length and clarity. Some staff and detainees spoke to us on the condition that we not publish their names, because they were concerned about repercussions.

David Evans III, Correctional Officer and Chief Union Steward

I would say it was toward the end of February that I started getting phone calls from staff members saying: “I’m feeling sick, I’m feeling weak. My partners are going through the same problems, they’re coughing.” At first, people kind of shrugged it off as the flu or something like that. Then, once the pandemic hit, we knew at that point there was a problem.

Staff say the sheriff warned employees with COVID-19 symptoms to stay home. In a statement, the sheriff's office said it began medical screenings of employees who returned to work after an absence on March 19. On March 22, the sheriff's office announced that a Cook County correctional officer tested positive for COVID-19. The next day, two detainees also tested positive.

Keanna Ford, Former Detainee

We all heard it on the news. I was in the medical part of the jail because I was pregnant. And a lot of women were taking high blood pressure medicine or diabetes medicine. I remember the conversation clear as day. We said, "We need to get up out of here before we die." We were scared. Some of us was crying.

Everybody got a bed and it's close to each other, it's just like a dorm room. We were all making sure our hands are clean. Make sure we talked about it. "How you doing? How are you feeling? Are you breathing OK?"

By me being pregnant, one of the guards told me they was praying for me to get out: "You are carrying another body inside of you." I'm just praying that they can let the elderly people up out of there.

Detainee A

Just by word of mouth you hear: "Hey, this guy just has to go to the hospital. These inmates over here are all quarantined."

We all just looked at each other like, "Let me get 6 feet away from you guys." Because at that time we had no protection. It's a really scary situation.

Correctional Officer A

We all pretty much resigned ourselves to the fact that we were going to get some form of COVID-19. I mean, for some people, it's scary. For other people, it's just resignation.

Across the country, hospitals, nursing homes, jails and prisons are scrambling for supplies to fight COVID-19. Dart reassured the public that he had begun preparing in January and his office was taking actions to keep people in the jail safe.

But multiple staff members and detainees say that while the sheriff's office sometimes supplied some soap, hand sanitizer and cleaning supplies, availability was limited.

Dart addressed the issue in a March press conference. By that point, there were 38 detainees and nine staff members who had tested positive. The sheriff's remarks are excerpted below.

Tom Dart, Sheriff

I've had this thing come up now three times about soap. And I've told people: Please, I have a really complicated job. My staff does as well. Either stop lying, which you're doing, or if you're aware of somebody who does not have soap — unless your idea of fun is to make sure that person gets sick — I would suggest you'd give me the name of that person so I can get them some soap.

This is not going to end tomorrow or the following day, it's just not going to happen. That's wishful crazy thinking, and so thoughtful people put plans together, long-term plans. And that's what we've done here.

Correctional Officer A

That's all a joke. I had to fight to get gloves. I had to call in favors from other areas of the jail to get the basic surgical masks. We were on our own.

At one point PPE equipment was available. But it was locked up in an administrator's office, and we're getting yelled at by supervisors. "Why don't we have it?"

"Well, I don't have access to his office. Why are you yelling at me?"

And then it still took an additional two days to pass it out. Some of the equipment is so old, the bands were rotted.

On March 28, less than a week after the first reported cases of COVID-19 in the jail, the numbers soared: A total of 89 detainees and 12 sheriff's office employees had tested positive.

Evans

My phone doesn't stop ringing. These officers call me all night with concerns. And I want to talk to everyone. There will be times when I'm talking until 3 o'clock in the morning.

I saw officers that did not have masks. I saw officers that were confused on what was disinfectant and what was hand sanitizer. There's no system set in place, where on a consistent basis that everybody is being given these things every day.

In court filings, the sheriff said he worked to obtain PPE and in light of national shortages "explored unconventional methods" of getting supplies, such as donations. The sheriff's office also said in a statement that it provided a hotline number for staff to contact if they are having any issues with PPE.

Correctional Officer A

There was no onsite testing for employees at that point, so I went proactively to get it done elsewhere. Like, I had better do it just to be on the safe side. A week and a half later they called: "You've got it." And I was like, "Great, so I've been walking around for a week and a half." I was already working double shifts at the time.

I felt really guilty. I had a mild case. I walked around, possibly infecting the people I'm trying to protect.

Every decision I make there comes down to one thing: What is going to screw us the least? Because we're all getting screwed. Like no matter what we do, we're going to get screwed somehow.

The sheriff's office said starting March 28 it took the temperature of employees entering and exiting the jail and sent away anyone who showed symptoms.

By March 31, there were 4,767 people in the facility — about 800 fewer than at the beginning of the month. To help reduce the jail's population, Cook County prosecutors, defense attorneys and judges had expedited bond hearings, resulting in the release of scores of people who were accused of crimes but still waiting to go to trial. Dart said he assisted by helping identify detainees who would be "suitable for release."

But, because most other court functions had been shut down, trials and hearings were delayed.

Detainee A

I'm supposed to go to court for a new sentencing hearing. And God willing, I'll be getting time served. But instead of going to court and being let out, now I'm stuck here and it's really messing with my mental health.

It's hard for me to sleep. I've been putting in request after request to see my mental health care professional. Prior to this whole crisis, you can drop a medical slip for anything and they would call you and treat you. But now it's like we're just left to fend for ourselves. It's really, really frightening.

They just recently started handing out face masks. But that's only when the COs decide to. They want you to jump through hoops just to get basic things to protect yourself.

What do I do? I wrote a letter to my family. I told them I love them and if I should pass, I hope God can forgive me for all my sins.

County officials say they continued to provide mental health services throughout the pandemic.

The sheriff's office said it created a team on April 2 to ensure PPE was being used properly.

The first COVID-19-positive person detained at Cook County Jail died on April 5. Jeffrey Pendleton was 59 and in jail on gun and drug charges. Pendleton had a \$50,000 bond, which, in Cook County, means he would have had to pay \$5,000 to go home while he awaited trial.

Vidal Martinez, Detainee

It made us want to break out of here, because they are letting us die. And knowing that that individual had never been proven guilty, that's even worse.

It's disturbing when we look outside the window and we see ambulances coming out of the county jail because it makes it feel like, "OK, when is it gonna be my turn?"

On April 6, two weeks after the first correctional officer tested positive, the sheriff made testing available to staff on-site. Cermak, a medical treatment facility for the jail, also obtained newly developed rapid test kits.

Within days, the number of known cases among detainees tripled, to more than 300 people. Two people had died.

The virus was also rapidly spreading among the staff, with 174 correctional officers testing positive. The sheriff was opening up unused parts of the jail to make room for social distancing and quarantining, which required more staff. Correctional officers say staff were forced to work 16-hour days.

Evans

These officers are being chewed up, spit out. The mandated work, the 16-hour days. You know, it's a lot for anybody. Their immune systems are breaking down.

The sheriff's office told WBEZ and ProPublica the mandated overtime was necessary "to provide a safe and secure facility." The office also reassigned 328 sheriff's deputies who usually work in the courts to come and staff the jail.

One employee received notice that he would be going to Division 6, which staff members say was ground zero for the virus.

Sheriff's Staffer A

When I got the email, I was home. I looked at my phone, I was like: "You gotta be kidding me. You're sending me into the hotbed where all the infected are." I tried to keep it from the wife. But she knew something was wrong. I wasn't talking. I was livid. I contemplated quitting.

I've seen what this virus can do. I saw a co-worker from the jail, who I'm talking to one day, and the next thing I know, he's calling me saying, "Hey, man, I got oxygen flowing." And he shows me a video of himself. He's a mellow guy, and to see the look in his face — this wasn't the same person. I don't want to be overly dramatic, but he looked like he was scared to death.

I cannot go over to the jail and bring this virus back to my children. So now when I come home, I throw all my clothes in the washing machine, I take a shower in the basement and I sleep in my basement. My son comes to the top of the stairs and I'm at the bottom of stairs talking to him, wearing a mask.

Health care staff also felt the strain.

The Cook County Health System hired additional nurses through a staffing firm to go to the jail. But inmates were also being sent to outside hospitals, including Cook County's Stroger Hospital, where Elizabeth Lalasz works.

Elizabeth Lalasz, Nurse

My unit has turned into a COVID-only unit for the inmates at Cook County Jail. It's quite stunning.

We have limits on the numbers of critical care beds and limits on the human beings who can take care of them.

Nurses have actually been the primary people taking care of everything because of the lack of PPE. We pick up the garbage, we are giving respiratory treatments — things that other workers within the hospital would normally be doing.

My union, [National Nurses United], is demanding a decarceration of all nonviolent offenders from the Cook County Jail. It's really about decreasing the numbers of people who actually contract this virus and come into the hospital.

In their lawsuit against Dart, civil rights lawyers maintain that people who work and live inside the facility are in danger. In early April, they asked a federal judge to force the county to immediately release medically vulnerable detainees. The judge did not grant them that request, but did order the sheriff to improve sanitation.

Plaintiffs said some detainees were receiving masks and soap. However, they added, they lacked cleaning supplies for their cells, and testing was inadequate.

Martinez

We have several elderly people here. They don't have energy and their chest hurts. And staff only take their temperature and they tell them, "OK, since you don't have a fever, nothing's wrong with you."

Regardless of the pandemic, we only clean our cells once a week. They give us some really small sized soaps, once a week. ... It's not enough.

You have to go to commissary and you have to get your cleaning supplies yourself. So if you don't have any money, there's nothing that you can really do. I mop myself with my own rags. I buy towels.

Multiple detainees who spoke with WBEZ and ProPublica expressed similar concerns about cleaning their cells.

The sheriff's office said that detainees are provided with "ample" cleaning supplies to keep their living areas clean, and they are supervised by staff while cleaning their cells daily.

County officials said testing for the coronavirus has been informed by guidance from the Centers for Disease Control and Prevention and driven primarily by the availability of tests.

On April 19, the first correctional officer testing positive for the coronavirus, Sheila Rivera, 47, died.

Sheriff's Staffer A

This is not like working in a jail like it was before. This is what I tell myself: You're working in a petri dish. Be very, very, very, very mindful of it.

You don't want to get too close to people, so you don't want to have to physically restrain or detain anyone. You learn to de-escalate things a lot faster. When you tell people, "Hey man, you can't stand in the doorway. Go back inside," and they want to stand in there anyway, normally it would be: immediately grab a person, put them against the wall and handcuff them. Now it's more: "Why are you standing in the doorway? What's going on with you?"

You're more pressed to really find out what's going on. And you find some of them just want attention because they don't have anybody to talk to at home. They'll tell you: "I haven't talked to my girl in a month. I have kids at home I haven't seen."

OK, I can understand it. I can really relate with you on that one. Because I'm sleeping in the basement right now.

Inside the Jail With One of the Country's Largest Coronavirus Outbreaks

April 30, 2020

Correctional officers, health care staff and detainees describe how COVID-19 spread through Cook County Jail in Chicago as the sheriff came under fire for his handling of the crisis. "You're working in a petri dish," one staffer said.

The Cook County Jail in Chicago is one of the largest in the country. Sprawling across 96 acres on the Southwest Side, the facility houses more than 4,000 people, most awaiting trial. Its cramped living conditions made it a perfect petri dish for COVID-19.

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Correctional Officer A

That's all a joke. I had to fight to get gloves. I had to call in favors from other areas of the jail to get the basic surgical masks. We were on our own.

At one point PPE equipment was available. But it was locked up in an administrator's office, and we're getting yelled at by supervisors. "Why don't we have it?"

"Well, I don't have access to his office. Why are you yelling at me?"

And then it still took an additional two days to pass it out. Some of the equipment is so old, the bands were rotted.

On March 28, less than a week after the first reported cases of COVID-19 in the jail, the numbers soared: A total of 89 detainees and 12 sheriff's office employees had tested positive.

Evans

My phone doesn't stop ringing. These officers call me all night with concerns. And I want to talk to everyone. There will be times when I'm talking until 3 o'clock in the morning.

I saw officers that did not have masks. I saw officers that were confused on what was disinfectant and what was hand sanitizer. There's no system set in place, where on a consistent basis that everybody is being given these things every day.

In court filings, the sheriff said he worked to obtain PPE and in light of national shortages "explored unconventional methods" of getting supplies, such as donations. The sheriff's office also said in a statement that it provided a hotline number for staff to contact if they are having any issues with PPE.

Correctional Officer A

There was no onsite testing for employees at that point, so I went proactively to get it done elsewhere. Like, I had better do it just to be on the safe side. A week and a half later they called: "You've got it." And I was like, "Great, so I've been walking around for a week and a half." I was already working double shifts at the time.

I felt really guilty. I had a mild case. I walked around, possibly infecting the people I'm trying to protect.

Every decision I make there comes down to one thing: What is going to screw us the least? Because we're all getting screwed. Like no matter what we do, we're going to get screwed somehow.

The sheriff's office said starting March 28 it took the temperature of employees entering and exiting the jail and sent away anyone who showed symptoms.

By March 31, there were 4,767 people in the facility — about 800 fewer than at the beginning of the month. To help reduce the jail's population, Cook County prosecutors, defense attorneys and judges had expedited bond hearings, resulting in the release of scores of people who were accused of crimes but still waiting to go to trial. Dart said he assisted by helping identify detainees who would be "suitable for release."

But, because most other court functions had been shut down, trials and hearings were delayed.

Detainee A

I'm supposed to go to court for a new sentencing hearing. And God willing, I'll be getting time served. But instead of going to court and being let out, now I'm stuck here and it's really messing with my mental health.

It's hard for me to sleep. I've been putting in request after request to see my mental health care professional. Prior to this whole crisis, you can drop a medical slip for anything and they would call you and treat you. But now it's like we're just left to fend for ourselves. It's really, really frightening.

They just recently started handing out face masks. But that's only when the COs decide to. They want you to jump through hoops just to get basic things to protect yourself.

What do I do? I wrote a letter to my family. I told them I love them and if I should pass, I hope God can forgive me for all my sins.

County officials say they continued to provide mental health services throughout the pandemic.

The sheriff's office said it created a team on April 2 to ensure PPE was being used properly.

The first COVID-19-positive person detained at Cook County Jail died on April 5. Jeffrey Pendleton was 59 and in jail on gun and drug charges. Pendleton had a \$50,000 bond, which, in Cook County, means he would have had to pay \$5,000 to go home while he awaited trial.

Vidal Martinez, Detainee

It made us want to break out of here, because they are letting us die. And knowing that that individual had never been proven guilty, that's even worse.

It's disturbing when we look outside the window and we see ambulances coming out of the county jail because it makes it feel like, "OK, when is it gonna be my turn?"

On April 6, two weeks after the first correctional officer tested positive, the sheriff made testing available to staff on-site. Cermak, a medical treatment facility for the jail, also obtained newly developed rapid test kits.

Within days, the number of known cases among detainees tripled, to more than 300 people. Two people had died.

The virus was also rapidly spreading among the staff, with 174 correctional officers testing positive. The sheriff was opening up unused parts of the jail to make room for social distancing and quarantining, which required more staff. Correctional officers say staff were forced to work 16-hour days.

Evans

These officers are being chewed up, spit out. The mandated work, the 16-hour days. You know, it's a lot for anybody. Their immune systems are breaking down.

The sheriff's office told WBEZ and ProPublica the mandated overtime was necessary "to provide a safe and secure facility." The office also reassigned 328 sheriff's deputies who usually work in the courts to come and staff the jail.

One employee received notice that he would be going to Division 6, which staff members say was ground zero for the virus.

Sheriff's Staffer A

When I got the email, I was home. I looked at my phone, I was like: "You gotta be kidding me. You're sending me into the hotbed where all the infected are." I tried to keep it from the wife. But she knew something was wrong. I wasn't talking. I was livid. I contemplated quitting.

I've seen what this virus can do. I saw a co-worker from the jail, who I'm talking to one day, and the next thing I know, he's calling me saying, "Hey, man, I got oxygen flowing." And he shows me a video of himself. He's a mellow guy, and to see the look in his face — this wasn't the same person. I don't want to be overly dramatic, but he looked like he was scared to death.

I cannot go over to the jail and bring this virus back to my children. So now when I come home, I throw all my clothes in the washing machine, I take a shower in the basement and I sleep in my basement. My son comes to the top of the stairs and I'm at the bottom of stairs talking to him, wearing a mask.

Health care staff also felt the strain.

The Cook County Health System hired additional nurses through a staffing firm to go to the jail. But inmates were also being sent to outside hospitals, including Cook County's Stroger Hospital, where Elizabeth Lalasz works.

Elizabeth Lalasz, Nurse

My unit has turned into a COVID-only unit for the inmates at Cook County Jail. It's quite stunning.

We have limits on the numbers of critical care beds and limits on the human beings who can take care of them.

Nurses have actually been the primary people taking care of everything because of the lack of PPE. We pick up the garbage, we are giving respiratory treatments — things that other workers within the hospital would normally be doing.

My union, [National Nurses United], is demanding a decarceration of all nonviolent offenders from the Cook County Jail. It's really about decreasing the numbers of people who actually contract this virus and come into the hospital.

In their lawsuit against Dart, civil rights lawyers maintain that people who work and live inside the facility are in danger. In early April, they asked a federal judge to force the county to immediately release medically vulnerable detainees. The judge did not grant them that request, but did order the sheriff to improve sanitation.

Plaintiffs said some detainees were receiving masks and soap. However, they added, they lacked cleaning supplies for their cells, and testing was inadequate.

Martinez

We have several elderly people here. They don't have energy and their chest hurts. And staff only take their temperature and they tell them, "OK, since you don't have a fever, nothing's wrong with you."

Regardless of the pandemic, we only clean our cells once a week. They give us some really small sized soaps, once a week. ... It's not enough.

You have to go to commissary and you have to get your cleaning supplies yourself. So if you don't have any money, there's nothing that you can really do. I mop myself with my own rags. I buy towels.

Multiple detainees who spoke with WBEZ and ProPublica expressed similar concerns about cleaning their cells.

The sheriff's office said that detainees are provided with "ample" cleaning supplies to keep their living areas clean, and they are supervised by staff while cleaning their cells daily.

County officials said testing for the coronavirus has been informed by guidance from the Centers for Disease Control and Prevention and driven primarily by the availability of tests.

On April 19, the first correctional officer testing positive for the coronavirus, Sheila Rivera, 47, died.

Sheriff's Staffer A

This is not like working in a jail like it was before. This is what I tell myself: You're working in a petri dish. Be very, very, very, very mindful of it.

You don't want to get too close to people, so you don't want to have to physically restrain or detain anyone. You learn to de-escalate things a lot faster. When you tell people, "Hey man, you can't stand in the doorway. Go back inside," and they want to stand in there anyway, normally it would be: immediately grab a person, put them against the wall and handcuff them. Now it's more: "Why are you standing in the doorway? What's going on with you?"

You're more pressed to really find out what's going on. And you find some of them just want attention because they don't have anybody to talk to at home. They'll tell you: "I haven't talked to my girl in a month. I have kids at home I haven't seen."

OK, I can understand it. I can really relate with you on that one. Because I'm sleeping in the basement right now.

County Health officials ‘on full tilt’ to replace ousted CEO, planning to interview candidates as early as May or June

April 30, 2020

The search for a new Cook County Health CEO began when the board decided not to renew the contract of Dr. John Jay Shannon in November. Shannon turned out to be just the first domino to fall.



Then Cook County Health CEO John Jay Shannon addresses the Sun-Times Editorial Board in 2016. He was ousted from that role last November. Rich Hein/Sun-Times files

Surging ahead with their search for a top Cook County health care leader despite the coronavirus pandemic, officials said Thursday they expect to begin interviewing candidates starting in “May or June at the latest” while warning of a “very tough year ahead of us financially.”

In a virtual meeting of Cook County Health System’s board of directors Thursday, M. Hill Hammock, chair of the board, said the search for a new full-time CEO has been operating “on full tilt.”

The search firm tasked with finding a new leader of the health system, Heidrick and Struggles, has reached out to “over 180 different sources and lists and contacts to identify potential candidates,” he said

“In fact, later today in closed session, we will make the first review of that list, which they have produced and will then hopefully after that set up interviews in the future, May or June at the latest, to look at a number of candidates,” Hammock said.

The search for a new CEO began when the board of directors decided not to renew the contract of former CEO Dr. John Jay Shannon in November, ousting him from the role and slotting Debra Carey, then the deputy CEO of the health system, as Interim CEO beginning Jan. 1, during the search for a permanent replacement.

Shannon turned out to be just the first domino to fall.

In February, the county health system's chief financial officer, Ekerete Akpan, was let go. Carey said in a memo at the time that she hoped "that these initial steps will provide us all with a deeper understanding of the current financial situation as well as a plan that will include specific strategies moving forward."

Then, earlier this month, Dr. Terry Mason, chief operating officer of the Cook County Department of Public Health, was shown the door.

At the Thursday meeting, Hammock shed more light on the decision to oust Akpan, saying that his handling of estimates for how much help the health system would need from the county's Board of Commissioners meant the board wasn't able to "allocate to us significant increases in support, and we had to make do with the numbers we had."

"We didn't see the real terrific stress on the budget until February, because in January we were still closing the books on last year and didn't have a complete financial report," Hammock said. "So, February was the first time we saw the big dislocation between the budget that we had and [the] reality of what we were seeing in terms of increased care increased expenses. ... It was a shock to us to see such a disconnect, and as a result we terminated our chief financial officer."

Hospital safety grades largely unchanged

April 30, 2020

With the exception of a failing grade at Cook County's Stroger Hospital, Chicago hospitals maintained their ratings from last fall to this spring, according to nonprofit group Leapfrog.

Most Chicago hospitals maintained the same safety grades this spring as they had in the fall, according to the latest Leapfrog Hospital Safety Grades released today.

The only exception in the city was Cook County's John H. Stroger Jr. Hospital, the largest safety-net hospital in Chicago, which scored an F grade this spring, down from a D grade in Leapfrog's fall 2019 ranking, which was released in November. Stroger Hospital was the only hospital in the state to receive an F. Its scores were below average in the majority of 28 measures on the Leapfrog score card.

Cook County Health responded in an emailed statement that it prioritizes high quality, safe care for all patients. "We are disappointed and frustrated that despite receiving the same accreditations and certifications as hospitals that received an "A", there appears to be continued bias in the Leapfrog methodology that favors hospitals with a large insured population," the statement said.

"The hospital community has long advocated, without success, that rating systems adjust for important confounders of outcomes such as socio-economic status, health literacy, and access to care—factors that our patient population disproportionately faces," the statement continued. "From our initial review of the results, it appears that other safety-net hospitals in Chicago have stopped participating. Without a fundamental change in the methodology that would take into consideration the major differences in the population served by urban, safety-net hospitals, we will also reconsider future participation."

The grades, released twice a year by the nonprofit Leapfrog Group, are based on publicly available data from the U.S. Centers for Medicare & Medicaid Services, Leapfrog's own hospital survey and other publicly available data sources, the group states. Spring 2020 grades are based on data collected prior to the COVID-19 outbreak, Leapfrog stated.

Hospitals with A ratings include the University of Chicago Medical Center; 10 of Amita Health's facilities; NorthShore Evanston, Glenbrook, Highland Park and Swedish acute-care hospitals; and Edward-Elmhurst Health's two west suburban hospitals.

Hospitals have long questioned the accuracy and effectiveness of quality and safety rating systems like Leapfrog's. In a study led by a Northwestern Medicine researcher in August 2019, Leapfrog's Hospital Safety Grade got its own grade, a C-minus. And the American Hospital Association called a Leapfrog analysis in 2019 "arbitrary."

In light of disruptions to health care due to COVID-19, Leapfrog has announced changes to its survey process, including accepting additional submissions of data from hospitals and ambulatory surgery centers to inform the future Hospital Safety Grades, a Leapfrog spokeswoman said in an emailed statement.

Drug gets emergency OK for COVID use

April 29, 2020 – Crain's Chicago Business

A clinical trial of remdesivir that included local hospitals showed faster recovery times for patients who got it.

Antiviral drug remdesivir is the first drug to show effectiveness in treating COVID-19 in clinical trials, with the National Institutes of Health reporting patients hospitalized with advanced cases recovering up to 31 percent faster than those who were given a placebo.

The New York Times reported that the FDA plans to announce emergency use authorization of the drug, perhaps as early as today.

The NIH trial included patients from UChicago Medicine, Northwestern Medicine and University of Illinois Hospital & Health Sciences System (UIC).

Dr. Richard Novak, principal investigator of the drug trial at University of Illinois Hospital in Chicago, said 15 patients at University of Illinois Hospital in Chicago were given either remdesivir or a placebo for 10 days, or until they were well enough to leave the hospital. The trial began March 25 and ended April 19. All but three of the participants in the trial have left the hospital, he said.

Novak said that his team will immediately determine if any of the three clinical trial patients still hospitalized were part of the placebo group. If so, they will be given remdesivir. And, he has health system pharmacists seeking more supplies of remdesivir to begin treating other patients.

The NIH said the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days for those who received a placebo. The results also suggested a survival benefit, with a mortality rate of 8 percent for the group receiving remdesivir versus 11.6 percent for the placebo group.

Remdesivir's manufacturer, Gilead Sciences, announced today that it saw promising preliminary results from its own, non-placebo-controlled trial of remdesivir in treating severe COVID-19 cases.

Cook County Health patients participated in the trial, which showed that a five-day course of the antiviral drug could be used rather than a 10-day treatment, Gilead said.

“The study demonstrates the potential for some patients to be treated with a five-day regimen, which could significantly expand the number of patients who could be treated with our current supply of remdesivir. This is particularly important in the setting of a pandemic, to help hospitals and healthcare workers treat more patients in urgent need of care,” Gilead Chief Medical Officer Dr. Merdad Parsey said in a statement.

Remdesivir proves effective against coronavirus in major study: **'We've got a drug that works,' UIC researcher says**

April 29, 2020

The Food and Drug Administration says that the agency has been talking with the California-based Gilead about making remdesivir available to patients as quickly as possible.

Promising results from a major study into an experimental drug used to treat the new coronavirus should give people a sense of relief that "we've got a drug that works," a physician at University of Illinois at Chicago Health who participated in the study says.

"They're really good results," Dr. Richard Novak, chief of infectious disease at UIC, told the Sun-Times Wednesday of the drug made by Gilead Sciences, called remdesivir.

He added: "That's great and should give some people a sense of relief who are concerned about getting sick."

Remdesivir is the first drug to show such promising results against the virus, which has killed more than 218,000 people since it emerged late last year in China. Having a treatment could have a profound effect on the global pandemic, especially because health officials say any vaccine is likely a year or more away.

The study, run by the National Institutes of Health, tested remdesivir versus the usual care given in 1,063 hospitalized coronavirus patients around the world. At the White House, NIH's Dr. Anthony Fauci said the drug reduced the time it takes patients to recover by 31% — 11 days on average versus 15 days for those just given usual care.

Can block virus

He also said there was a trend toward fewer deaths among those on remdesivir, and that full results would soon be published in a medical journal.

"What it has proven is that a drug can block this virus," Fauci said. "This will be the standard of care."

A statement from the Food and Drug Administration says that the agency has been talking with California-based Gilead "regarding making remdesivir available to patients as quickly as possible, as appropriate."

The drug is given through an IV and is designed to interfere with the virus's ability to copy its genetic material. In animal tests against SARS and MERS, diseases caused by similar coronaviruses, the drug helped prevent infection and reduced the severity of symptoms when given early enough in the course of illness. But it is not yet approved anywhere in the world for any use.

Only hospitalized patients can use

Because the drug is given through an IV, only patients who are hospitalized will be able to receive it for the time being, Novak said.

"It's going to be challenging to give in an outpatient setting," Novak said.

The drug will also continue to be tested with other drugs to see if a combination of treatments will produce more positive outcomes, he said.

“We’re not done yet. We still need to find more and better treatments,” Novak said.

A less encouraging picture came from partial results from a separate study testing remdesivir in severely ill patients in China, published Wednesday in the British medical journal Lancet. Treatment did not speed recovery in that study, which was stopped after only 237 of a planned 453 patients were enrolled.

2nd study shows improvements

Separately on Wednesday, Gilead announced partial results from its own ongoing study of the drug in severely ill, hospitalized COVID-19 patients. The company said of patients who were treated with remdesivir within five days of an onset of symptoms, 65% achieved clinical recovery and 60% were discharged.

However, the results are difficult to interpret because there is no comparison group of people getting usual care, so it’s impossible to know how much patients would have improved on their own.

Stroger Hospital, which is taking part in the trial, has seen results that are “similar and consistent” with the overall results released by Gilead so far, said Dr. Gregory Huhn, an infectious disease physician for Cook County Health and principal site investigator for the trial here.

Huhn, however, said it will take more than a single drug to beat back this novel coronavirus.

“We need multiple strategies to defeat COVID-19,” Huhn said. “I think this drug ... in combination with a future vaccine, [could] provide a multi-pronged attack on COVID-19. So, I really think that an effective therapeutic along with effective prevention is going to get us to the other side of this pandemic.”

Stroger is also taking part in a trial examining more moderate COVID-19 cases. No results have yet been announced from that second study, which does have a comparison group getting usual care. The company said no new safety problems emerged in that study, and that it would publish results in a medical journal soon.

Other drugs researched

In other treatment-related news this week, two studies gave updates on anti-inflammatory drugs that aim to tamp down the severe inflammation that often develops in later stages of severe COVID-19 and often proves fatal.

A French hospital consortium reported success with using Acetemra, a Roche drug sold for rheumatoid arthritis and some other conditions, in a study of 129 coronavirus patients where 65 got the drug and the rest, usual care. No details were released; doctors said they were preparing to publish results.

A similar drug, Kevzara, did not work as well at low doses in a study of severely ill coronavirus patients, its makers Sanofi and Regeneron said. They’re continuing to test it at higher doses in critically ill patients, though.

Social distancing still needed

Novak said that the success of treating patients with remdesivir doesn’t mean that its use will necessarily have a significant impact on the need to continue social distancing.

“People are still dying from COVID-19, even with treatment from remdesivir,” Novak said. “The biggest concern has been [sick patients] overwhelming our hospitals with the number of cases. This won’t change that. We still need to be reducing the number of new cases.”

Dr. Michael Schindlbeck, Chicago ER doctor sharing what it is like to be on the front line of the COVID-19 pandemic

April 29, 2020



Dr. Michael Schindlbeck, an emergency room doctor at John H. Stroger, Jr. Hospital, explained in a YouTube video the difficulties of being on the front lines amid the COVID-19 pandemic.

Schindlbeck said one of the toughest parts about being a physician during this time is not being able to connect with patients.

800 Sickened, 7 Dead: Inmates And Guards Describe Life Inside Cook County Jail

April 29, 2020 – WBEZ 91.5 Chicago

The sprawling facility is battling one of the largest COVID-19 outbreaks in the country. These are first-hand accounts from inside the jail.

The Cook County Jail in Chicago is one of the largest in the country. Sprawling across 96 acres on the Southwest Side, the facility houses more than 4,000 people, most awaiting trial. Its cramped living conditions made it a perfect petri dish for COVID-19.

Today, the jail is home to one of the largest known outbreaks in the country and has been a flashpoint in the national debate over how to contain the virus in correctional facilities. More than 9,400 cases have emerged in prisons across the U.S., according to an analysis by The Marshall Project. In the Cook County Jail, nearly 500 detainees and more than 300 correctional officers have tested positive. Seven people have died: six inmates and one guard.

Sheriff Tom Dart is now under fire for his oversight of the jail in the era of coronavirus. In a federal lawsuit, civil rights attorneys have blamed him for failing to curtail what they have called a “rapidly escalating public health disaster,” and the judge in that case has ordered Dart to improve sanitation, to expand social distancing and to report back on his progress.

At the same time, the judge said Dart had made a “significant, and impressive, effort to safeguard detained persons in his custody from infection by coronavirus.”

Dart has repeatedly defended his handling of the health crisis. While citing unique challenges — like weighing if a detainee might use hygiene supplies as a weapon, as one allegedly did this month by using soap inside a sock in an attack — he has maintained that his office has “been in front of this pandemic every step of the way,” from screening new admissions for the virus to supplying staff and detainees with hand sanitizer to educating detainees about social distancing.

But people who live and work inside the jail say otherwise.

WBEZ and ProPublica interviewed a dozen correctional officers, health care staff and inmates about how authorities responded to the crisis. They described a lack of personal protective equipment, inadequate testing and a spillover to community hospitals, as confusion and terror spread along with the virus. Taken together, their accounts offer potential lessons for other institutions that are now facing their own outbreaks.

Dart declined an interview, but his office responded to a list of questions. Below are people’s stories in their own words, edited for length and clarity. Some staff and detainees spoke to us on the condition that we not publish their names, because they were concerned about repercussions.

David Evans III, Correctional Officer and Chief Union Steward

I would say it was toward the end of February that I started getting phone calls from staff members saying: “I’m feeling sick, I’m feeling weak. My partners are going through the same problems, they’re coughing.” At first, people kind of

shrugged it off as the flu or something like that. Then, once the pandemic hit, we knew at that point there was a problem.

Staff say the sheriff warned employees with COVID-19 symptoms to stay home. In a statement, the sheriff's office said it began medical screenings of employees who returned to work after an absence on March 19. On March 22, the sheriff's office announced that a Cook County correctional officer tested positive for COVID-19. The next day, two detainees also tested positive.

Keanna Ford, Former Detainee

We all heard it on the news. I was in the medical part of the jail because I was pregnant. And a lot of women were taking high blood pressure medicine or diabetes medicine. I remember the conversation clear as day. We said, "We need to get up out of here before we die." We were scared. Some of us was crying.

Everybody got a bed and it's close to each other, it's just like a dorm room. We were all making sure our hands are clean. Make sure we talked about it. "How you doing? How are you feeling? Are you breathing OK?"

By me being pregnant, one of the guards told me they was praying for me to get out: "You are carrying another body inside of you." I'm just praying that they can let the elderly people up out of there.

Detainee A

Just by word of mouth you hear: "Hey, this guy just has to go to the hospital. These inmates over here are all quarantined."

We all just looked at each other like, "Let me get 6 feet away from you guys." Because at that time we had no protection. It's a really scary situation.

Correctional Officer A

We all pretty much resigned ourselves to the fact that we were going to get some form of COVID-19. I mean, for some people, it's scary. For other people, it's just resignation.

Across the country, hospitals, nursing homes, jails and prisons are scrambling for supplies to fight COVID-19. Dart reassured the public that he had begun preparing in January and his office was taking actions to keep people in the jail safe.

But multiple staff members and detainees say that while the sheriff's office sometimes supplied some soap, hand sanitizer and cleaning supplies, availability was limited.

Dart addressed the issue in a March press conference. By that point, there were 38 detainees and nine staff members who had tested positive. The sheriff's remarks are excerpted below.

Tom Dart, Sheriff

I've had this thing come up now three times about soap. And I've told people: Please, I have a really complicated job. My staff does as well. Either stop lying, which you're doing, or if you're aware of somebody who does not have soap — unless your idea of fun is to make sure that person gets sick — I would suggest you'd give me the name of that person so I can get them some soap.

This is not going to end tomorrow or the following day, it's just not going to happen. That's wishful crazy thinking, and so thoughtful people put plans together, long-term plans. And that's what we've done here.

Correctional Officer A

That's all a joke. I had to fight to get gloves. I had to call in favors from other areas of the jail to get the basic surgical masks. We were on our own.

At one point PPE equipment was available. But it was locked up in an administrator's office, and we're getting yelled at by supervisors. "Why don't we have it?"

"Well, I don't have access to his office. Why are you yelling at me?"

And then it still took an additional two days to pass it out. Some of the equipment is so old, the bands were rotted.

On March 28, less than a week after the first reported cases of COVID-19 in the jail, the numbers soared: A total of 89 detainees and 12 sheriff's office employees had tested positive.

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In court filings, the sheriff said he worked to obtain PPE and in light of national shortages "explored unconventional methods" of getting supplies, such as donations. The sheriff's office also said in a statement that it provided a hotline number for staff to contact if they are having any issues with PPE.

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I felt really guilty. I had a mild case. I walked around, possibly infecting the people I'm trying to protect.

Every decision I make there comes down to one thing: What is going to screw us the least? Because we're all getting screwed. Like no matter what we do, we're going to get screwed somehow.

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I'm supposed to go to court for a new sentencing hearing. And God willing, I'll be getting time served. But instead of going to court and being let out, now I'm stuck here and it's really messing with my mental health.

It's hard for me to sleep. I've been putting in request after request to see my mental health care professional. Prior to this whole crisis, you can drop a medical slip for anything and they would call you and treat you. But now it's like we're just left to fend for ourselves. It's really, really frightening.

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Vidal Martinez, Detainee

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It's disturbing when we look outside the window and we see ambulances coming out of the county jail because it makes it feel like, "OK, when is it gonna be my turn?"

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I've seen what this virus can do. I saw a co-worker from the jail, who I'm talking to one day, and the next thing I know, he's calling me saying, "Hey, man, I got oxygen flowing." And he shows me a video of himself. He's a mellow guy, and to see the look in his face — this wasn't the same person. I don't want to be overly dramatic, but he looked like he was scared to death.

I cannot go over to the jail and bring this virus back to my children. So now when I come home, I throw all my clothes in the washing machine, I take a shower in the basement and I sleep in my basement. My son comes to the top of the stairs and I'm at the bottom of stairs talking to him, wearing a mask.

Health care staff also felt the strain.

The Cook County Health System hired additional nurses through a staffing firm to go to the jail. But inmates were also being sent to outside hospitals, including Cook County's Stroger Hospital, where Elizabeth Lalasz works.

Elizabeth Lalasz, Nurse

My unit has turned into a COVID-only unit for the inmates at Cook County Jail. It's quite stunning.

We have limits on the numbers of critical care beds and limits on the human beings who can take care of them.

Nurses have actually been the primary people taking care of everything because of the lack of PPE. We pick up the garbage, we are giving respiratory treatments — things that other workers within the hospital would normally be doing.

My union, [National Nurses United], is demanding a decarceration of all nonviolent offenders from the Cook County Jail. It's really about decreasing the numbers of people who actually contract this virus and come into the hospital.

In their lawsuit against Dart, civil rights lawyers maintain that people who work and live inside the facility are in danger. In early April, they asked a federal judge to force the county to immediately release medically vulnerable detainees. The judge did not grant them that request, but did order the sheriff to improve sanitation.

Plaintiffs said some detainees were receiving masks and soap. However, they added, they lacked cleaning supplies for their cells, and testing was inadequate.

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We have several elderly people here. They don't have energy and their chest hurts. And staff only take their temperature and they tell them, "OK, since you don't have a fever, nothing's wrong with you."

Regardless of the pandemic, we only clean our cells once a week. They give us some really small sized soaps, once a week. ... It's not enough.

You have to go to commissary and you have to get your cleaning supplies yourself. So if you don't have any money, there's nothing that you can really do. I mop myself with my own rags. I buy towels.

Multiple detainees who spoke with WBEZ and ProPublica expressed similar concerns about cleaning their cells.

The sheriff's office said that detainees are provided with "ample" cleaning supplies to keep their living areas clean, and they are supervised by staff while cleaning their cells daily.

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On April 19, the first correctional officer testing positive for the coronavirus, Sheila Rivera, 47, died.

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This is not like working in a jail like it was before. This is what I tell myself: You're working in a petri dish. Be very, very, very, very mindful of it.

You don't want to get too close to people, so you don't want to have to physically restrain or detain anyone. You learn to de-escalate things a lot faster. When you tell people, "Hey man, you can't stand in the doorway. Go back inside," and they want to stand in there anyway, normally it would be: immediately grab a person, put them against the wall and handcuff them. Now it's more: "Why are you standing in the doorway? What's going on with you?"

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OK, I can understand it. I can really relate with you on that one. Because I'm sleeping in the basement right now.

Inside the Jail With One of the Country's Largest Coronavirus Outbreaks

April 29, 2020



Cook County Jail detainees post messages during the coronavirus pandemic on April 12 in Chicago. (Brian Cassella/Chicago Tribune/Tribune News Service via Getty Images)

Correctional officers, health care staff and detainees describe how COVID-19 spread through Cook County Jail in Chicago as the sheriff came under fire for his handling of the crisis. “You’re working in a petri dish,” one staffer said.

The Cook County Jail in Chicago is one of the largest in the country. Sprawling across 96 acres on the Southwest Side, the facility houses more than 4,000 people, most awaiting trial. Its cramped living conditions made it a perfect petri dish for COVID-19.

Today, the jail is home to one of the largest known outbreaks in the country and has been a flashpoint in the national debate over how to contain the virus in correctional facilities. More than 9,400 cases have emerged in prisons across the U.S., according to an analysis by The Marshall Project. In the Cook County Jail, nearly 500 detainees and more than 300 correctional officers have tested positive. Seven people have died: six inmates and one guard.

Sheriff Tom Dart is now under fire for his oversight of the jail in the era of coronavirus. In a federal lawsuit, civil rights attorneys have blamed him for failing to curtail what they have called a “rapidly escalating public health disaster,” and the judge in that case has ordered Dart to improve sanitation, to expand social distancing and to report back on his progress.

At the same time, the judge said Dart had made a “significant, and impressive, effort to safeguard detained persons in his custody from infection by coronavirus.”

Dart has repeatedly defended his handling of the health crisis. While citing unique challenges — like weighing if a detainee might use hygiene supplies as a weapon, as one allegedly did this month by using soap inside a sock in an attack — he has maintained that his office has “been in front of this pandemic every step of the way,” from screening new admissions for the virus to supplying staff and detainees with hand sanitizer to educating detainees about social distancing.

But people who live and work inside the jail say otherwise.

WBEZ and ProPublica interviewed a dozen correctional officers, health care staff and inmates about how authorities responded to the crisis. They described a lack of personal protective equipment, inadequate testing and a spillover to community hospitals, as confusion and terror spread along with the virus. Taken together, their accounts offer potential lessons for other institutions that are now facing their own outbreaks.

Dart declined an interview, but his office responded to a list of questions. Below are people's stories in their own words, edited for length and clarity. Some staff and detainees spoke to us on the condition that we not publish their names, because they were concerned about repercussions.

David Evans III, Correctional Officer and Chief Union Steward

I would say it was toward the end of February that I started getting phone calls from staff members saying: "I'm feeling sick, I'm feeling weak. My partners are going through the same problems, they're coughing." At first, people kind of shrugged it off as the flu or something like that. Then, once the pandemic hit, we knew at that point there was a problem.

Staff say the sheriff warned employees with COVID-19 symptoms to stay home. In a statement, the sheriff's office said it began medical screenings of employees who returned to work after an absence on March 19. On March 22, the sheriff's office announced that a Cook County correctional officer tested positive for COVID-19. The next day, two detainees also tested positive.

Keanna Ford, Former Detainee

We all heard it on the news. I was in the medical part of the jail because I was pregnant. And a lot of women were taking high blood pressure medicine or diabetes medicine. I remember the conversation clear as day. We said, "We need to get up out of here before we die." We were scared. Some of us was crying.

Everybody got a bed and it's close to each other, it's just like a dorm room. We were all making sure our hands are clean. Make sure we talked about it. "How you doing? How are you feeling? Are you breathing OK?"

By me being pregnant, one of the guards told me they was praying for me to get out: "You are carrying another body inside of you." I'm just praying that they can let the elderly people up out of there.

Detainee A

Just by word of mouth you hear: "Hey, this guy just has to go to the hospital. These inmates over here are all quarantined."

We all just looked at each other like, "Let me get 6 feet away from you guys." Because at that time we had no protection. It's a really scary situation.

Correctional Officer A

We all pretty much resigned ourselves to the fact that we were going to get some form of COVID-19. I mean, for some people, it's scary. For other people, it's just resignation.

Across the country, hospitals, nursing homes, jails and prisons are scrambling for supplies to fight COVID-19. Dart reassured the public that he had begun preparing in January and his office was taking actions to keep people in the jail safe.

But multiple staff members and detainees say that while the sheriff's office sometimes supplied some soap, hand sanitizer and cleaning supplies, availability was limited.

Dart addressed the issue in a March press conference. By that point, there were 38 detainees and nine staff members who had tested positive. The sheriff's remarks are excerpted below.

Tom Dart, Sheriff

I've had this thing come up now three times about soap. And I've told people: Please, I have a really complicated job. My staff does as well. Either stop lying, which you're doing, or if you're aware of somebody who does not have soap — unless your idea of fun is to make sure that person gets sick — I would suggest you'd give me the name of that person so I can get them some soap.

This is not going to end tomorrow or the following day, it's just not going to happen. That's wishful crazy thinking, and so thoughtful people put plans together, long-term plans. And that's what we've done here.

Correctional Officer A

That's all a joke. I had to fight to get gloves. I had to call in favors from other areas of the jail to get the basic surgical masks. We were on our own.

At one point PPE equipment was available. But it was locked up in an administrator's office, and we're getting yelled at by supervisors. "Why don't we have it?"

"Well, I don't have access to his office. Why are you yelling at me?"

And then it still took an additional two days to pass it out. Some of the equipment is so old, the bands were rotted.

On March 28, less than a week after the first reported cases of COVID-19 in the jail, the numbers soared: A total of 89 detainees and 12 sheriff's office employees had tested positive.

Evans

My phone doesn't stop ringing. These officers call me all night with concerns. And I want to talk to everyone. There will be times when I'm talking until 3 o'clock in the morning.

I saw officers that did not have masks. I saw officers that were confused on what was disinfectant and what was hand sanitizer. There's no system set in place, where on a consistent basis that everybody is being given these things every day.

In court filings, the sheriff said he worked to obtain PPE and in light of national shortages "explored unconventional methods" of getting supplies, such as donations. The sheriff's office also said in a statement that it provided a hotline number for staff to contact if they are having any issues with PPE.

Correctional Officer A

There was no onsite testing for employees at that point, so I went proactively to get it done elsewhere. Like, I had better do it just to be on the safe side. A week and a half later they called: "You've got it." And I was like, "Great, so I've been walking around for a week and a half." I was already working double shifts at the time.

I felt really guilty. I had a mild case. I walked around, possibly infecting the people I'm trying to protect.

Every decision I make there comes down to one thing: What is going to screw us the least? Because we're all getting screwed. Like no matter what we do, we're going to get screwed somehow.

The sheriff's office said starting March 28 it took the temperature of employees entering and exiting the jail and sent away anyone who showed symptoms.

By March 31, there were 4,767 people in the facility — about 800 fewer than at the beginning of the month. To help reduce the jail's population, Cook County prosecutors, defense attorneys and judges had expedited bond hearings, resulting in the release of scores of people who were accused of crimes but still waiting to go to trial. Dart said he assisted by helping identify detainees who would be "suitable for release."

But, because most other court functions had been shut down, trials and hearings were delayed.

Detainee A

I'm supposed to go to court for a new sentencing hearing. And God willing, I'll be getting time served. But instead of going to court and being let out, now I'm stuck here and it's really messing with my mental health.

It's hard for me to sleep. I've been putting in request after request to see my mental health care professional. Prior to this whole crisis, you can drop a medical slip for anything and they would call you and treat you. But now it's like we're just left to fend for ourselves. It's really, really frightening.

They just recently started handing out face masks. But that's only when the COs decide to. They want you to jump through hoops just to get basic things to protect yourself.

What do I do? I wrote a letter to my family. I told them I love them and if I should pass, I hope God can forgive me for all my sins.

County officials say they continued to provide mental health services throughout the pandemic.

The sheriff's office said it created a team on April 2 to ensure PPE was being used properly.

The first COVID-19-positive person detained at Cook County Jail died on April 5. Jeffrey Pendleton was 59 and in jail on gun and drug charges. Pendleton had a \$50,000 bond, which, in Cook County, means he would have had to pay \$5,000 to go home while he awaited trial.

Vidal Martinez, Detainee

It made us want to break out of here, because they are letting us die. And knowing that that individual had never been proven guilty, that's even worse.

It's disturbing when we look outside the window and we see ambulances coming out of the county jail because it makes it feel like, "OK, when is it gonna be my turn?"

On April 6, two weeks after the first correctional officer tested positive, the sheriff made testing available to staff on-site. Cermak, a medical treatment facility for the jail, also obtained newly developed rapid test kits.

Within days, the number of known cases among detainees tripled, to more than 300 people. Two people had died.

The virus was also rapidly spreading among the staff, with 174 correctional officers testing positive. The sheriff was opening up unused parts of the jail to make room for social distancing and quarantining, which required more staff. Correctional officers say staff were forced to work 16-hour days.

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Elizabeth Lalasz speaks at a rally outside the Cook County Jail on April 10. (Manuel Martinez/WBEZ)

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