

Cook County Health Media Compilation

Cook County Health News Media Dashboard and Media Compilation

The **Cook County Health News Media Dashboard: COVID-19 Edition** is a visual summary of COVID-19-related news stories that feature Cook County Health experts and leaders from January 21, 2020 through April 28, 2020. January 21 marks the first interview with a Cook County Health expert regarding COVID-19.

Total Number of Media Hits: 253

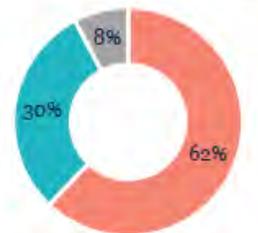
Top National Media Outlets

- *MSN*
- *CNN*
- *Univision*
- *Becker's Hospital Review*
- *Associated Press*

Top Local Media Outlets

- *Chicago Sun-Times*
- *Chicago Tribune*
- *ABC 7 Chicago*
- *Crain's Chicago Business*
- *WBBM Newsradio*

Media Outlet Type

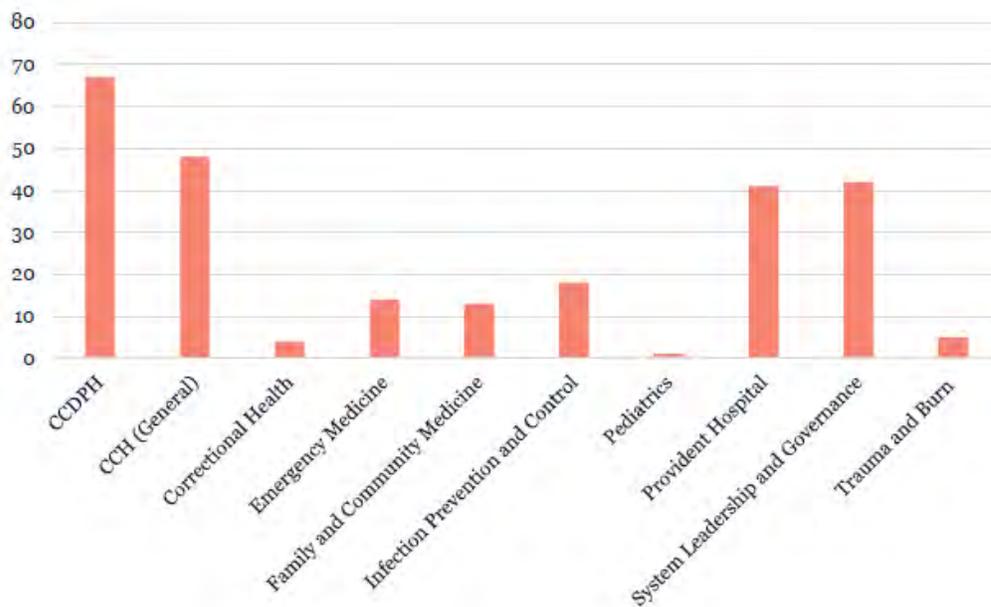


• Print • Television • Radio

Most Common Topics

- *COVID-19 Information and Patient Education*
- *CCDPH COVID-19 Case Data*
- *CCH Preparedness and Response*
- *COVID-19 Impact on Communities of Color*
- *Provident Hospital Emergency Room*

Media Mentions by Department



The following **media compilation** includes the full text of key news stories mentioning the health system. The first section includes stories about COVID-19, published since January 21. The second section includes stories on other topics published since the previous board meeting on February 28.

Part 1: COVID-19 Media Stories

Pages 3-267

Part 2: Other Media Stories

Pages 268-286

The Washington Post

[Nurses are trying to save us from the virus, and from ourselves](#)

April 28, 2020 – *Washington Post*

First, arrive at work before dawn. Then put on a head cover, foot covers, surgical scrubs, and a yellow plastic gown. Next, if one is available, the N95 mask. Fitting it to your face will be the most important 10 seconds of your day. It will protect you, and it will make your head throb. Then, a surgical mask over the N95. A face shield and gloves. Cocooned, you'll taste your own recycled breath and hear your own heartbeat; you'll sweat along every slope and crevice of your body.

Now, the hard part. Maintain your empathy, efficiency and expertise for 12 or 18 hours, while going thirsty and never sitting down, in an environment that is under-resourced and overworked, because your latest duty — in a profession with limitless duties — is confronting the most frightening pandemic in 100 years while holding people's hands through it, through two pairs of gloves and a feeling that tomorrow could be worse.

"The job's hard," says Angela Gatdula, 31, a nurse in Santa Monica, Calif.

"It's been really hard," says Sasha DeCesare, 34, a nurse in Orlando.

"I'm anxious, because it's a very stressful time to be at work," says nurse Brenda Keys, 25, who recently returned to MedStar Washington Hospital Center after recovering from her own bout with covid-19. "I'm excited, though, to get back and help my coworkers because I know they need the help."

Nurses have always been the glue. They are the link between patient and doctor. They don't want your pity, and they don't want to be called a hero; what they want is for you to stay home, stay well, stay alive. For 18 years in a row, nurses have been rated the most honest and ethical profession, according to Gallup surveys of Americans, outpacing doctors by 20 percentage points (and members of Congress by 73).

In an era when no one seems to trust anyone, we trust nurses.

"But I don't think that means people really understand what nurses do," says Laurie Combe, president of the National Association of School Nurses. It's a complex job, requiring knowledge of both biochemistry and psychology, in myriad environments. Nurses are helping your fourth-grader learn to track her insulin levels at school, and they are putting pressure on a gunshot wound at 2 a.m. while noting that the victim has no pulse. They are monitoring both your heart rate and your spirit. When they touch your arm, in what would appear to be a simple gesture of friendliness, they are also testing if you're hot, swollen, dehydrated, trembling.

"I can observe what is on your bedside table that you're reading — if I can talk with you about that, I can strengthen our connection to build trust," says Combe, who has been a nurse in the Houston area for 45 years. "I can see who's in your room visiting, what the interaction looks like, and see whether that's a trusted person or not, so I know what I can talk about during that visit."

The novel coronavirus has changed the world, and it has changed what nurses do, too. They are deploying to unfamiliar hospitals, transforming their units into coronavirus triage, working in extreme conditions without proper equipment, running testing sites in remote locations, facilitating virtual goodbyes with dying family

members, organizing protests against hospitals and the White House, and consenting to the reality that simply showing up might be fatal.

At the drive-through coronavirus testing site in Bear Mountain, N.Y., an endless stream of cars pulled up, piloted by passengers sick with terror, and the only cure for the terror was Brenda Lagares, who'd been given 15 minutes of training to potentially save their lives.

Before the pandemic, she'd been working as a night nurse, monitoring infirm patients in their homes across all five boroughs of New York City. When the pandemic came, Lagares was recruited into one of the more crucial new roles within her profession: She would be a sampling nurse. Armed with a long nasal swab — similar to what she'd use for a regular flu test — she would test for SARS-CoV-2 while cars passed through as if by conveyor belt. She wore a mask. Many of her patients wore masks, too.

"This is how you can tell what a patient in a mask is feeling," Lagares says. "You see the eyes glistening, because they're about to cry. You see dilating of the pupils when they first pull up, because they're scared. But then you tell them what's going to happen, and when they're ready, their pupils would constrict. And that's important. Because you only have five seconds to connect. You need to know they're with you. You need to be there, together."

Swab, seal the swab, next car, next patient.

"After the test, what they wanted was reassurance," she says. "So I would always say, 'I hope you feel better.' As the car drove away, I would wave at them and put my thumbs up. We all did that. Thumbs up. Because when we were in our full PPE, that was the best way to communicate that we're in this together."

"We have people who are afraid they'll get us sick, and people who are afraid we'll get them sick," says DeCesare, the Orlando nurse who is also working at a drive-through testing site, at the Orange County Convention Center. "They're afraid to talk to us. We hand them their [intake form], and they Lysol the paper."

DeCesare went to nursing school in Venezuela. "But I always knew I wanted to move to America," she says, "because I always heard how great it was to be a nurse here."

She still believes that. She still appreciates the respect her job affords, and that it's a female-dominated profession, filled with strong and smart women.

But now, she was on her 22nd day of working without a day off. She was sleeping at a hotel, which now housed only medical personnel, so she wouldn't expose her husband and two daughters. She had a placard in her car window reading "Department of Health," to allow her entry on convention center grounds. To avoid cross-contamination, she drove there alone, she drove back to the hotel alone, she went to bed alone. In between, she saw 350 cars a day, with 350 possible covid-19 cases, and occasionally she would seek five minutes of relief in the "dirty tent," where she could stand in her contaminated PPE under a cool blast of air-conditioning.

It's impossible to talk about nurses without talking about the lore and the lure of them. What they do, what we think they do. What they mean, what we think they mean.

The traditional tale of modern nursing begins at Barrack Hospital on the front of the Crimean War. It was filthy: lice-ridden, moldy, overpowered by the fug of overflowing latrines and rotting flesh. In 1854, Florence Nightingale had left her previous post with London's Institute for the Care of Sick Gentlewomen in Distressed Circumstances — excellent name, right? — and arrived at the hospital to be of service. It was, she'd soon write, like stepping into the "Kingdom of Hell."

Nightingale and her team pried open boarded windows for better ventilation. She turned a rented building into a laundry to provide clean clothes for soldiers still wearing the same bloody clothes they'd staggered in with. She standardized nutritious diets; she fundraised like crazy. The death rate for admitted patients fell by more than half. She wasn't only a caretaker. She was a revolutionary.

When the war was over, she wrote about it: "Notes on Nursing" became a bible for modern care.

"We've always had different groups of people who were nursing — but how do you describe nurses?" asks Barbra Mann Wall, director of University of Virginia's Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. "In America, our enslaved laborers were nurses taking care of the sick. Sometimes sailors were first responders. Women were taking care of people within the homes. The Catholic Sisters have responded, as part of their religious duties."

The profession was gender neutral until the American Civil War, when men were fighting and some 20,000 women volunteered to fill the gap. Then came germ theory. Then came standardization: a nursing education went from a two-year apprenticeship based mostly on skills — wound care, bedsores prevention — to a four-year program equally based on science. Hospitals had been a place where patients would go to die; now they were becoming a place where they would go to live. Eventually, nursing would encompass a range of specialities and career paths; a nurse anesthetist might make \$175,000 a year, while a nursing assistant might make \$14 an hour.

Back during the 1918 flu pandemic that infected 25 million people in the United States, killing 675,000, nurses in Philadelphia would make up to 40 house calls a day.

Then, as now, there wasn't a cure. Then, as now, the best available medical treatment wasn't a vaccination but a collection of instructions: rest, hydration, hygiene — the pillars on which Nightingale had built her practice. "It was the nursing care that worked," Mann Wall says.

Philadelphia's health commissioner, a man named Wilmer Krusen, assured the public that beds and doctors were in sufficient supply. However: "If you would ask me the three things Philadelphia most needs to conquer the epidemic, I would tell you, 'Nurses, more nurses and yet more nurses.'"

We're in this together, but some of us are more in this than others. People keep saying that nurses are on the front lines, but they are actually behind enemy lines, surrounded on all sides. They are trying to save us, and save us from ourselves. Nurses are protesting protestors, standing in their scrubs and masks to glare at "freedom-loving" citizens who spew insults as they rally for the economy to reopen. Nurses are taking to social media to convey the extremity of their situations: They talk about war zones, about titrating a dozen IV drips while troubleshooting flukey ventilators, all without reliable stockpiles of supplies.

"We're out of Tylenol," a nurse in Detroit said, incredulous, in an Instagram video last month. "Like, we're out of Tylenol."

"We're facing our own mortality every day that we come to work," says Elizabeth Bigos, who works at a test site in New York. "If I specifically dwell on it too long it will paralyze me. But every day we get through, we're one day closer to it being over. That's what I tell myself: That's one day closer to this being over."

"I feel like we're cannon fodder," says Elizabeth Lalasz, a union steward for National Nurses United, which backs Medicare for all. "There's so much uncertainty. It's very disconcerting for us to not know if we're going to be protected."

Lalasz became a nurse in her 40s, after working for years as a secretary. She remembered the oncology nurse who took care of her dying father. Doctors wanted her dad to remain hospitalized; he wanted to be at home. The nurse advocated for him against a phalanx of male superiors, and he got the death he desired. Now, 35 years later, Lalasz is on an all-covid unit on the seventh floor of Chicago's John H. Stroger Jr. Hospital. She says that a lack of protective equipment led to her contracting the coronavirus last month; she tested positive and was out of work for 18 days, with a cough, sore throat, night sweats, chest pain. She returned to her unit April 11, still worried about supplies, concerned about reinfection.

"We already knew something needed to change," Lalasz says of an American health-care system that, even prior to covid-19, left front-line workers feeling burned out, with high rates of attrition and suicide. "And this is a massive wake-up call for us."

In Santa Monica, Jack Cline was one of 10 nurses suspended at his hospital for refusing to work without an N95 mask. The hospital, following CDC guidelines, had told him he needed only a surgical mask.

"A plain surgical mask has all of these gaps around the edges," Cline says. "I've been a nurse for 25 years. Those might be the CDC guidelines, but I know better. I know when someone is coughing in your face, it's not droplets — it's aerosol."

Cline and his colleagues were reinstated last week ("Nothing is more important to us than the safety of our patients and caregivers," Providence Saint John's Health Center said in a statement). The same day, outside the White House, National Nurses United protested the "failure of the Trump administration to protect American health-care workers" — over 9,000 of whom have been infected with the virus. A small group of nurses stood sentinel, spread out on a brick pathway in Lafayette Square, holding photos of colleagues who have died of covid-19.

"Our Nation's front line workers in the fight against COVID-19, including nurses, are the true heroes in this ongoing war, and they have the President's admiration for the lives they are saving," the White House deputy press secretary, Judd Deere, said in a statement, adding that "the White House has been working with governors and their teams since January on COVID-19 coordination and supplies."

ICU nurse Charles Dalrymple, 26, held a sign of gold lamé with letters made of electrical tape: 20 SECONDS WON'T SCRUB THE BLOOD OFF YOUR HANDS, it said, with "HERO" in quotes.

At MedStar Washington Hospital Center, Dalrymple spends hours in negative-pressure rooms, bathing coronavirus patients, using a felt-tip marker to scribble on a room's windows to communicate with the outside, so he doesn't have to change out of his gear. He's had to tell family members that they can't come in to say goodbye to a loved one. He's held the iPad as that goodbye is conducted virtually.

Why is the word "HERO" in quotes on his sign?

"I feel that it's being used to placate us — gaslighting this entire situation," Dalrymple said. "A 'we signed up for this' kind of thing. But we didn't. We didn't sign up to go into a room without proper gear. . . . They can't be throwing this word around just to make it seem like, 'Oh, it's okay that they're dying. It's because they're heroes.' . . . It's just frustrating. That's all."



[Stroger Hospital Nurses Say Hospital Withholding PPE, Putting Patients At Risk](#)

April 28, 2020 – *WBBM Newsradio*

Some nurses at Stroger Hospital said the lack of personal protective equipment at the facility is unacceptable, and they're demanding change from leadership.

Elizabeth Lalasz works as a nurse in a COVID-19 only unit of the hospital, treating Cook County Jail inmates diagnosed with the virus. She said there's no a shortage of PPE in the hospital, management simply doesn't want to provide it to nurses.

"It's not just about N-95 masks," Lalasz said Monday night. "It's everything. Otherwise, we are susceptible to the virus. We are taking it to other patients and we are going out into the community, to our families, and spreading the coronavirus."

Lawlish said a lack of shoe coverings means nurses are tracking the virus all over the hospital, even to cancer patients in a nearby unit. The members of National Nurses United also discussed concerns about the high number of COVID-19 infections among registered nurses at Stroger Hospital.

WBBM Newsradio has reached out to Stroger Hospital management for comment

Chicago Tribune

[CDC adds six COVID-19 symptoms to its list, but many doctors, hospitals already were using them](#)

April 27, 2020 – *Chicago Tribune*

The U.S. Centers for Disease Control and Prevention has added six symptoms to its list of those associated with COVID-19, but doctors say the symptoms weren't recently discovered and the nation's top health agency has just updated its list of possible symptoms.

The CDC added the six possible symptoms of COVID-19 to three previously listed symptoms. New are: Chills, repeated shaking with chills, muscle pain, headache, sore throat, and loss of taste or smell. Previously just fever, cough, and shortness of breath were officially listed as known symptoms.

Although many news outlets publicized the new list of symptoms over the weekend, the changes were made without fanfare on April 17, updating a list of three symptoms that previously had been highlighted on the CDC website, according to the CDC site's history on the internet archive.

Dr. Emily Landon, hospital epidemiologist at the University of Chicago Medical Center, said the hospital long has been using the updated possible symptoms as indicators of COVID-19, including on official documents aimed at the hospital's own health care workers, so they could seek care if presenting with symptoms less obvious than fever, cough, or shortness of breath.

"We've been using all of these for a long time," Landon said, adding that she's pleased the CDC updated its list because it may encourage more people, or those with varied or less common symptoms, to seek medical care.

"I think it's right to spell it out," she said. "We want to spell it out so that people really understand that they need to get care."

Dr. Kiran Joshi, senior medical officer for the Cook County Department of Public Health, was on the team that handled Illinois' first case of COVID-19 in January, which was widely regarded at the time as the second confirmed case in the United States and the first instance of person-to-person transmission, he said.

"We saw early on really this thing of how people could be really fairly asymptomatic and still have had it. And we saw, over the months, we've seen a number of patients presenting in a number of ways with a variety of symptoms that look and feel a lot like the garden variety flu," Joshi said.

Both Joshi and Landon said many of the new symptoms, such as chills or chills with repeated shaking, are among clear indicators of an influenza-like illness, or those that are common with a virus that produces fever.

"Your body thinks it's cold, so you shiver and you have the repeated shaking that comes from shivering," Landon said. "So adding those is kind of redundant with fever. Muscle aches also could fall under the same umbrella. You generally just ache or feel sore or weak with a fever, and muscle pain also can be common because you really do use a lot of muscles to shiver, especially if shivering for an extended time."

Joshi said the addition that most stood out to him on the new CDC guidelines is the loss of taste or smell. He and Landon each said they were reading papers out of China in the earlier days of COVID-19 that warned loss of taste or smell may be among symptoms for some with coronavirus.

"I had the strange circumstance of having a colleague who was reporting that exact symptom and he tested positive," Joshi said. "And the next day I think the paper describing loss of taste or smell was published, so it's clearly very real."

Landon and Dr. Susan Bleasdale, an associate professor of clinical medicine at the University of Illinois at Chicago, said although the CDC has just recently updated its list, they added loss of taste or smell to their guidelines in early March.

"You may notice it more as 'My orange juice tastes funny,' rather than explicitly saying you've lost your sense of smell or taste," Landon said.

With more than 50,000 people dead from COVID-19 in a month's time in the United States alone, Joshi said it's obvious not everyone will have all the symptoms or even a combination of some of the more common symptoms. He thinks the CDC wanted to include what's now known based on new cases.

Diarrhea has also been a common symptom Bleasdale and other doctors have noticed. Though it isn't yet among the CDC's official COVID-19 symptoms, it is another example of doctors working together to identify possible symptoms.

"Headache is something that by itself had not become a trigger but we're seeing more people have headaches as one of the first signs," Bleasdale said. Bleasdale looks at the addition of new symptoms to the CDC's official list as a positive move that can only improve care and result in more people realizing they have or had COVID-19, which helps improve accuracy in the data that's so critical to tracking the pandemic's spread.

"Having the CDC's criteria expanded helps to get more people tested, so they know," Bleasdale said.

In a statement, Dr. Ngozi Ezike of the Illinois Department of Health, said the added symptoms have been commonly seen for some time. But that doesn't mean the updated list isn't useful.

"As we have seen more cases of this novel coronavirus, we have been able (to) learn more about the symptoms," Ezike said in the statement. "We know COVID-19 can affect individuals differently, but the initial diagnostic symptoms gave doctors and other medical providers the road map for identification."

There are some symptoms that call for immediate intervention, Joshi said. Chief among them are shortness of breath, labored or troubled breathing, pain in the chest, or thinking becoming unclear. Some people have reported bluish lips, or a general change in color, he said.

"Those are all signs that you could be getting much sicker and I would want anyone with those signs or symptoms to get medical attention immediately," he said.

It's important not to think of the CDC's list as exhaustive or finalized.

"We will continue to see changes that are brought to light by the ongoing research around COVID-19 so it's very possible this could change ... it's still early," Joshi said.



[Toni Preckwinkle focuses on the crises of the here and now](#)

April 27, 2020 – *Hyde Park Herald*

Cook County Board President Toni Preckwinkle is skeptical that the coronavirus pandemic will have a positive effect on the social and economic inequality of the nation, as some have suggested.

"Frankly, the idea that this crisis is going to transform inequality in this country seems to me to be incredibly optimistic," she said. "The inequality which African Americans are challenged by as a result of 250 years of slavery and 100 years of brutal oppression afterwards and the idea that one single event is going to magically change this profoundly racist country — and a country that's willing to tolerate tremendous income inequality — is optimistic.

"It doesn't mean we shouldn't try to work to use this crisis ... as an opportunity to address those things. But I think you have to have realistic expectations."

Preckwinkle said her job is to try to help as many people as she can: "We run a health care system and criminal justice system, and I've worked hard (to try to guarantee) that we deliver good care throughout health care system and that I can make our criminal justice system as fair as possible in a country that's profoundly racist and in which Black and Brown people get ground up."

Half of the county's budget goes to health care, and she said that their two hospitals, Stroger, 1969 Ogden Ave., and Provident, 500 E. 51st St., are 50% occupied by COVID-19 patients and provide 48% of the county's charity care.

"We've always had a mission of serving whoever came through our door," she explained. "We continue to have that mission in the midst of this crisis." County emergency management and regional security teams are also working to address the horrific toll the pandemic is taking at area nursing homes.

The Cook County Jail, 2700 S. California Ave., was the nation's top coronavirus hotspot in early April, and Preckwinkle said it is now absolutely vital to lower its population, which has been a longstanding goal for her. It averaged 6,000 inmates per day in December 2017, with a capacity of 10,607 when she became the county executive in 2010. Its population on Friday was 4,196, which she credited to a joint effort to release people accused of nonviolent crimes between her administration, judges, the state's attorney, the sheriff and the public defender.

"We've had four deaths in the jail," she observed. "I would point out that the last two, the most-recent death was of someone who was accused of murder. The previous death was somebody who was accused multiple times of abusing children. There will be people who are not going to be able to be released from our jail because they are a danger to us.

"We're trying to reduce as safely as we can the jail population by releasing those accused of nonviolent crimes," she continued, "but the jail will continue to be a Petri dish, because it's a congregant facility."

"Frankly, I see no reason why it shouldn't continue to remain at this very low level. If we can, in the midst of a pandemic, release people accused of nonviolent crimes, why can't we do that when things are good?"

She said it is a good thing that Chicago Police Department officers are arresting fewer people: "They historically have arrested people in Black and Brown neighborhoods for petty, antisocial behavior that White people never get arrested for, like smoking dope."

On the business recovery front, Preckwinkle noted a program that highlights the federal Paycheck Protection Program that provides grants to businesses that keep employees on payroll during the crisis. The county also has a \$10,000, five-year, no-interest loan, the Community Recovery Initiative, to independent gig and contract workers who make less than \$100,000 annually; she said it is also waiving some fines and fees among businesses and deferring remitted payments through May and June.

Last week, Mayor Lori Lightfoot named Preckwinkle to her COVID-19 Recovery Taskforce, specifically the working group on regional coordination. "Regions with the least inequality perform the best," Preckwinkle said at the April 23 announcement, held in the shadow of the Michigan Avenue Water Tower that survived the Great Chicago Fire, "and for this to happen, we need to work together to drive this change."

"We'll be talking soon about the direction which we're going to take," Preckwinkle on Monday, referring to her working group co-chairs. "We've got a little bit of time, because the governor has extended his shelter-in-place order through the end of May."

She also referenced the Chicago Regional Growth Corporation, a partnership between the eight Chicagoland counties in Illinois, and said work would be done to support the metalworking and trucking industries, promote exporting among small and medium-sized producers and encourage foreign direct investment in the region.

On a social front, Preckwinkle hopes the pandemic will hurry along the city-mandated rise in the minimum wage to \$15 an hour, which is due to occur in July 2021. Critical grocery workers should be able to support families, she said.

Like everyone, Preckwinkle is practicing social distancing: outside of the demands of her job, she takes her dog on walks around the neighborhood. Her longstanding enjoyment of science fiction and mysteries occupies free time. She encouraged people to reach out to family and friends, volunteer by delivering groceries or, if they can, donate (which she has done, to the First Unitarian Church of Chicago, 5650 S. Woodlawn Ave., WBEZ and the Seminary Co-op Bookstore, 5751 S. Woodlawn Ave.).

"I think we would be better off if we put our time into investing into our social networks and being sure that everybody's alright and we're helping those people we can help," she said. "It's better to focus on what you can do to be helpful to yourself and your family and everybody else, and let's lift up those people who are heroes."

And, a minute later, a wallop of sobering realism: "Everyone's going to know someone who's been sick, and everyone's going to know somebody who's died."

"I've had the privilege of being an elected official for 30 years," she said. "A lot of bad things have happened in that time." The 1995 heat wave killed many of her constituents in the 4th Ward. She served through the Sept. 11 attacks and the Great Recession. Those experiences, she said, are helping her through this one.

People have faced generational challenges, from the Great Depression to World War II; said she expects that the pandemic "will have a similar, dramatic impact on everyone who suffers through it. It's a test of the resiliency and strength of your country, and I hope that we survive this with grace and strength and grace."

Preckwinkle expects that we will. As for herself, "I do what I can every day, and I understand that that's all I can do."

[Personal del Hospital Stroger protesta por la supuesta falta de equipos de seguridad contra el coronavirus](#)

April 27, 2020 – *Univision*

Enfermeras de dicho centro médico en Chicago denuncian que, debido a la falta de implementos que les garanticen protección contra la pandemia, ahora hay un alto número de profesionales de la salud en ese lugar que están contagiados.



[COVID-19: How a Chicago health system reaches communities of color](#)

April 27, 2020 – *American Medical Association*

As the number of COVID-19 cases increased across the world, Cook County Health in Chicago turned to their disaster preparedness plans. Having completed disaster preparedness drills on a regular basis citywide, it became apparent that these plans would be put into action as COVID-19 reached the U.S. This led to an internal disaster declaration by the Chicago health system to evaluate resources and identify stress points. Ongoing efforts focus on reaching African American and low-income communities they serve.

“We developed a group that looked at our surge plans because we thought this was the thing that overwhelmed hospitals overseas right away,” said Claudia Fegan, MD, chief medical officer at Cook County Health. “The more we learned from different cities about patients with COVID-19 in terms of how the disease evolves and how people are affected, we began to focus in on the resources we thought would be needed the most to take care of these patients.”

While Cook County Health first looked at their supply of personal protective equipment (PPE), their mission remains the same: health equity and caring for all regardless of their ability to pay. The health system continues to look at how to address health disparities in the communities they serve.

Emerging data on racial and ethnic patterns of the pandemic released by more than half of the states paints an alarming picture. It shows that COVID-19 is disproportionately impacting black communities. Unfortunately, a large percentage of case reports still do not contain race and ethnicity data. While preparedness for a surge in patients with COVID-19 helped Cook County Health, they continue to work diligently to address health disparities in communities of color.

Dr. Fegan recently shared some ways that Cook County Health continues to meet the needs of their African American communities during the COVID-19 crisis.

Increasing testing opportunities

While the number of patients on ventilators in the ICU is leveling off for Cook County Health, the emergency department is still busy.

“The population we serve is especially anxious because of the statistics about the increased mortality among blacks,” said Dr. Fegan. “People really would like to be tested. People have concerns about whether they have it, whether the person next to them has it, whether family members have it and it’s altering every aspect of people’s daily life.”

Cook County Health continues to increase the availability and access to testing at both hospitals and all community health centers for patients.

“We’re hoping to be able to make more testing available to our patients,” said Dr. Fegan. “Certainly, patients who are calling their physician and have symptoms, the physician can order the test, but we have to be a little bit more proactive in terms of reaching out.”

While the health system continues to address the needs of high-risk patients, they work to “make testing available to a wider swatch of the community,” she said.

Learn more about why it is important to expand COVID-19 testing capacity before restarting the economy.

Providing education through community organizations

Cook County Health is currently working on how to share important public health recommendations with their communities. This is often accomplished by texting patients to educate them about symptoms of COVID-19 and providing guidance and resources if needed.

“We aren’t encouraging them to come to the hospital, but what we need to do is tell them what signs and symptoms are worrisome that should bring them to the emergency department as opposed to just telling them to stay home,” said Dr. Fegan. “If they have shortness of breath, that is a worrisome symptom and we do want to see those folks and we want to see them sooner as opposed to later.”

To reach communities of color, Cook County Health also posts information online through their website, community newsletter, social media and with the help of their community partners. Working with partners in the community helps physicians and other professionals learn what efforts and resources are needed.

As a result, they can better provide important information about COVID-19, such as the added risks of being a smoker, having asthma or having had pneumonia in the past. “Then it’s likely that they do not have normal airways and that they are at higher risk for complications and adverse events,” she said.

Medical experts work with the community partners to speak to groups and organizations through social media events such as Facebook Live. This allows Cook County Health to reach patients where they’re at through active community organizations.

“We continue to hold our FRESH trucks at our clinics, providing fruits and vegetables to patients who are food insecure and those in the community who are in need,” said Dr. Fegan. “We are communicating with our patients about the resources available to them, including a mental health hotline and information about SNAP and unemployment.”

Additionally, health professionals are staffing a call center to facilitate placement of discharged suburban residents to alternate housing. Transportation is available through Cook County Health fleet.

Using telehealth to address pre-existing conditions

“Right now we’re reaching out to our high-risk patients who we know have multiple illnesses, who are more likely to suffer a complication for this,” she said, adding that the primary care physicians are contacting them to “see how they’re doing because it’s now been a month and that’s a long time for them to go without someone checking on their symptoms.”

Through data from the emergency departments in the area, Cook County Health has been able to pull a list of more than 2,000 patients who are high-risk. The teams are reaching out to those patients to ensure they have

the resources they need. If required, these physicians and other health professionals offer virtual appointments for them.

For example, if a patient has heart disease, teams will explain that while they felt fine before this current illness, they need to continue to take their heart medications. This places the patient at higher risk for developing complications, which means they should be examined.

“Most of the time it is physicians calling the patients on the phone and talking to them, which they really like,” said Dr. Fegan. “They really enjoy that because it’s clear to them that they have their physician’s full attention at the time.”

This also “frees up our resources to take care of the patients who do come in, who are sick and who need immediate attention,” said Dr. Fegan.

Learn more from the AMA about how to establish telehealth and deliver patient care while practicing physical distancing during the COVID-19 pandemic.

Addressing incarcerated population

The communities around Cook County Health are disproportionately affected during this pandemic. One area of focus is to administer more tests to identify data and better care for these populations.

“We are looking at the data, but the problem is it’s hard for us because we haven’t had enough testing yet,” said Dr. Fegan. “Our testing has focused primarily on our health care providers and our testing in the jail at Cermak because that is a hotbed.”

“We don’t have enough social distancing and people who are incarcerated aren’t able to make the same sorts of choices that folks can at home,” she said.

For example, Cook County Health continues to serve their patients at Cermak by meeting all their medical needs, isolating those as needed and providing them with masks for further protection. Additionally, as the number of cases in the incarcerated population has skyrocketed, increasing health care workers are available to provide care in areas newly opened for patients with COVID-19.

“Cook County will continue to serve the community of Cook County,” said Dr. Fegan. “We want to be available for all who need us, and we appreciate the support we receive to continue to do it.”

The AMA continues to compile critical COVID-19 health equity resources to shine a light on the structural issues that contribute to and could exacerbate already existing inequities. Physicians can also access the AMA’s COVID-19 FAQs about health equity in a pandemic.



[Coronavirus Chicago updates for April 27: Loretto Hospital testing begins today](#)

April 27, 2020 – *WGN 9 Chicago*

National Nurses United to hold a press conference at Stroger Hospital, 1969 Ogden Ave., at 8 p.m. addressing the lack of personal protective equipment and the high number of COVID-19 infections among the nurses, registered nurses at Stroger Hospital.

Chicago Tribune

[The Spin: Pull the plug on Trump live? | Cook County budget hole's at least \\$200 million this year | Chicago City Council approves Lightfoot's pandemic response order](#)

April 24, 2020 – *Chicago Tribune*

At least \$200 million budget gap could hit Cook County government as sales, hotel tax revenue dry up, official says

From the Tribune's Alice Yin: "Starting in May, Cook County's forecast net revenue is expected to begin dropping and spark a substantial budget gap for the 2020 fiscal year, according to a projection from Chief Financial Officer Ammar Rizki. Plummeting sales tax revenue from restaurants and other sources could spell long-term damage to the budget as shopping and tourism numbers deflate amid the COVID-19 outbreak. Separate from the \$200 million drop in tax revenue, Cook County Health and Hospital System, which operates Stroger and Provident hospitals, also has been seeing financial damage."

Separately, Cook County Health and Hospital System, which operates Stroger and Provident hospitals, has seen a 43% decline in patient fees since mid-March, and the system is expected to lose about \$60 million to \$75 million from such revenues should the coronavirus's economic pressure last through June. Much of the dramatic impact is from restrictions on elective surgeries due to the high influx of COVID-19 patients, although Gov. J.B. Pritzker will allow some soon.

Top Preckwinkle staffer gets seat on county health system board, expanding her influence on the body: From the Tribune's Alice Yin: "The Cook County Board ushered in one of President Toni Preckwinkle's top staff members to the board in charge of the county's health and hospital system on Thursday, deepening her influence on the body."

In the county's first virtual board meeting since the coronavirus pandemic started, commissioners voted 17-0 in favor of appointing Otis Story to a seat on the Cook County Health and Hospitals System board of directors. Story, Preckwinkle's deputy chief of staff since February, previously was chief executive officer of East Orange General Hospital in East Orange, New Jersey, until 2017.

In February, Preckwinkle and Cook County commissioners gave themselves veto power over the health system's next CEO after the board ousted CEO Dr. John Jay Shannon in December. County officials also will financially advise Cook County Health administrators each month.

After reported barbecues and picnic gatherings, parking lots at 'too popular' Cook County Forest Preserves to be closed on weekends, Preckwinkle says: Alice Yin has that story, too.

Cook County Announces COVID-19 Respite Housing for Healthcare Workers, First Responders and Correctional Officers

April 24, 2020 – *South Cook News*

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.

For more information, visit www.cookcountypublichealth.org or call the CCDPH COVID-19 Hotline at 708-633-3319.



[At least \\$200 million budget gap could hit Cook County government as sales, hotel tax revenue dry up, official says](#)

April 24, 2020 – MSN

Cook County government could suffer at least a \$200 million budget shortfall this year due to lost tax revenue amid the coronavirus pandemic, according to a Friday projection.

Starting in May, Cook County's forecasted net revenue is expected to begin dropping and spark a substantial budget gap for the 2020 fiscal year, according to a projection from chief financial officer Ammar Rizki. Plummeting sales tax revenue from restaurants and other sources could spell long-term damage to the budget as shopping and tourism numbers deflate amid the COVID-19 outbreak.

Rizki said his "best-case scenario" projection is if the statewide stay-at-home order ends as scheduled at the end of May, but the projections could fluctuate greatly.

"If we're not able to control the pandemic and the economy is in some sort of a suspended state through the summer months," Rizki said, "this is going to get only worse for us."

Rizki said he fears coronavirus' clampdown on outside life will not ease once the virus subsides, and warned that "people are not going to go rush out automatically and start living their daily lives that they used to prior to COVID, despite the pent-up demand."

Illinois restaurants are currently shut down except for carry-out and delivery orders, bars and clubs have closed doors and a slew of concerts and other summer mainstays are canceled. The usual flush of tourists in downtown Chicago has evaporated, hurting home-rule tax revenues on hotels.

Separate to the \$200 million drop in tax revenue, Cook County Health and Hospital System, which operates Stroger and Provident hospitals, also has been seeing financial damage.

A 43% decline in patient fees was reported since mid-March, and the system is expected to lose about \$60 to \$75 million from such revenues should the coronavirus' economic pressure last through June. Much of the dramatic impact is from restrictions on elective surgeries due to the high influx of COVID-19 patients, although Gov. J.B. Pritzker will allow some soon.

On Friday, Cook County received \$429 million under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act passed in March. But the money only goes toward direct COVID-19 expenses outside the budget, not lost revenue from taxes and county hospitals. Any funds not used by the end of the year must be returned.

County Board President Toni Preckwinkle said she hopes the federal government will come through with more financial help. She is working with the National Association of Counties and other stakeholders to lobby the federal government to apply the \$429 million to lost revenue.

“That's going to be a critical issue for our cities, towns and villages and for the counties,” Preckwinkle said. “If we can use the CARES Act money for lost revenue, that will put us in a quite different place than if it's not accessible to us.”

The \$200 million gap comes despite current savings in office expenditures such as electricity, as nearly all of the county's employees are working from home.

Preckwinkle also rebuffed U.S. Senate Majority Leader Mitch McConnell's suggestion Wednesday that states should consider bankruptcy if they are buckling under budget shortfalls.

“The senator is extremely ill-advised,” Preckwinkle said of the Kentucky Republican. “It's an extraordinary and extremely risky step to take for government and the dismissive way in which he's addressed this is insulting to all of us.”

Chicago Tribune

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[Cook County expects \\$260 million in lost revenues due to COVID](#)

April 24, 2020 – *Crain's Chicago Business*

Cook County finance officials are expecting a loss of roughly \$260 million in revenue between its major funds due to the impact of COVID-19 this year, and are bracing for permanent changes in the years to come.

The county's "biggest hole" is lost revenue, Chief Financial Officer Ammar Rizki told reporters on a conference call today. Roughly 65 percent of the revenues the county relies on are economically sensitive, including sales, hotel, and amusement taxes. All are taking a major hit. The health fund, which includes operations at Cook County Health, are seeing patient fee revenues decline. While costly charges from uninsured patients have dropped by 52 percent, so have revenue-generating charges from insured patients, by about 40 percent.

Cook County Board President said today's hospital census is 232 patients, and half are COVID-19 patients.

So far, the county expects to be reimbursed for roughly \$100 million in direct COVID-related spending, including for staffing at Cook County Health and overtime and associated costs at Cook County Jail.

But lost so far: an estimated \$200 million in tax revenue related to a drop in economic activity and an additional \$60 to \$75 million for postponed non-emergency and elective care at the Health System.

Some of the incurred costs will be reimbursed through the federal CARES Act, but it's not clear how much, and some elective surgeries will be allowed to resume in the weeks to come when some of the governor's restrictions are lifted on May 1.

Long-term revenue declines are a moving target, since it's unclear how quickly regular consumer behavior might resume when stay-at-home orders are lifted, Rizki said.

"It's not just this year, it's '21 and into '22 possibly," Preckwinkle said today. "As Dr. Rubin, one of our co-leaders of Department of Public Health says, basically we're not going to get a handle on this until we have a vaccine, and that's 18 months away. It's not just a challenge for this year in terms of how we use our reserves, but what we're going to do in the next couple of years when we estimate that we'll still be struggling with economic consequences of the pandemic."

It's likewise "too early to tell" whether the county will have to turn to layoffs, Rizki said. "We've been looking at a lot of this stuff in terms of how bad this could get."

While some expenses have "started to moderate," including utilities and office supplies, if the federal government does not come to the rescue and reimburse some states and municipalities for indirect costs of fighting COVID-19, "we'd have to take a look at other types of expenditure management measures."

"If federal help does come in, and there's a lot of bipartisan support, that's going to be a game changer to help us survive through the remainder of the year," Rizki said. So far, Congress has failed to come to such a deal,

and Senate Majority Leader Mitch McConnell has suggested he'd rather states and municipalities be allowed to pursue bankruptcy instead.

The county has so far received \$429 million in federal CARES Act funding, an additional earmarked \$7.1 million for Medicare costs, \$11.2 million in April Medicaid disproportionate share payments that will continue through the end of the year and nearly \$1 million in crisis grants for the department of public health.

The county is also “closely monitoring” the Federal Reserve’s Municipal Liquidity Facility Program, announced earlier this month. Cook County is eligible for \$543 million in municipal notes for that program, but would not likely turn to it unless there was a “severe” cash crunch, Rizki said.

The county has some of its own backstops: a \$100 million line of credit that is still not drawn from, and a roughly \$300 million rainy day fund.

Rizki says he does not expect to use that line of credit “anytime soon, because our liquidity is still fairly holding up and we do have this cash infusion from federal government to get us through the next couple of months or so. Typically county’s policy is we use lines of credit only in instances where there’s a deferral of revenue, not a loss.”

The county has also done a “decent job” not relying on its reserves, Rizki says. “We don’t want to blow it all.”



[Health Pulse: UChicago working on vaccine • Hospitals can resume some elective surgeries • AbbVie boosting Illinois' testing efforts](#)

April 24, 2020 – *Crain's Chicago Business*

REMDESIVIR RESULTS THERE AND GONE AGAIN: A summary of study results stating that Gilead Sciences antiviral remdesivir had failed to speed the improvement of Covid-19 patients was inadvertently posted to the website of the World Health Organization, then taken down, according to a story in STAT News. The story said that the data was from a long-awaited clinical trial conducted in China and that they suggest a “potential benefit.” Chicago hospitals are participating in other clinical trials of remdesivir at UChicago Medicine, Cook County Health, Northwestern Medicine and University of Illinois at Chicago Hospital.

Cook County Government Braces For Big Budget Gap Due To COVID-19

April 23, 2020 – WBEZ 91.5 Chicago

Preliminary projections show the county expects to have a shortfall of up to \$275 million this budget year.

Preliminary projections show Cook County expects to have a shortfall of up to \$275 million this budget year, a ripple effect of the COVID-19 pandemic.

The biggest loss in revenue is in sales tax — the largest moneymaker for the county, Chief Financial Officer Ammar Rizki told WBEZ. A dip in hotel and amusement tax dollars isn't far behind, he said.

On Friday, a day after WBEZ originally reported the county expected at least a \$200 million budget shortfall, Rizki expanded on the financial picture in a conference call with other media. He said the shortfall is likely up to \$275 million.

That includes numbers from the county-run health system, which makes up nearly half of the government's \$6.2 billion budget, and which will likely be short an estimated \$60 million to \$75 million in revenue. The county's two public hospitals, like others across the state, stopped money-making elective surgeries to free up beds and staff for an expected surge in coronavirus patients. Rizki said the hospitals also likely lost business to people who were told to steer clear of emergency departments battling COVID-19, unless it was a true emergency.

The county also temporarily stopped collecting some taxes to give residents and business owners a break, as a record number of people have lost their jobs.

"Every local government is in trouble," said Cook County Commissioner Larry Suffredin, an Evanston Democrat. "The fundamental taxes we rely on, they're all depressed, and they're not going to recover."

The COVID-19 pandemic has flipped the economy on its head nationwide. To slow the spread of the virus in Illinois, Gov. JB Pritzker issued a statewide stay-at-home order that will now extend through May, the governor announced Thursday. Restaurants and bars are closed except for carry-out. Sports teams canceled their seasons. Schools-age kids are learning at home, and hundreds of thousands of people in Illinois have filed for unemployment.

Cook County finances are sensitive to the economy, Rizki says, since about two-thirds of its revenue comes from taxes that people pay when they go out to eat, stay in fancy downtown hotels, or attend music festivals.

But all of those activities have essentially stopped during the pandemic.

"The longer the delay stays around reopening the economy, that is going to have an impact" on Cook County's finances, Rizki said. "Even when it's lifted, there will still be reluctance for people to go back to their old habits. ... Trying to predict that and model that, as you can expect, is a monumental task."

People used to staying six feet apart and ordering groceries online delivered to their doorstep, might not want to quickly return to restaurants and packed concerts. And with Pritzker's announcement Thursday that the state is projecting cases to peak some time in the next couple of weeks, the governor warned that he's hesitant to reopen the state's economy too quickly, or the virus could spread even more.

Rizki cautions that the county's projected revenue gap for the fiscal year, which ends Nov. 30, is very preliminary. For example, it does not factor in how many people might not be able to afford their property tax bills, which are due to the county this summer.

And there are a lot of unknowns, such as how much money federal officials might provide governments — including Cook County's — to cover financial losses connected to the pandemic. The county has received nearly \$430 million from the CARES Act, the new federal stimulus package, to cover expenses related to COVID-19, Rizki said. The county expects to use about \$100 million of it this year, but hopes — like other governments around the nation — to use more of the relief funds for other expenses, such as Cook County's estimated shortfall. Rizki called it the "moonshot goal."

There are other bright spots: The county's expenses are estimated to decline a bit, around less than \$10 million this year. That includes savings on office supplies and utility bills because many government offices are closed.

And Pritzker Thursday said he'll likely allow elective surgeries to resume May 1 statewide. There could be additional federal dollars that can help the health system, too, Rizki said.

So, some money will start to trickle in. Cook County also has a rainy day fund of about \$300 million, but Rizki said he doesn't want to tap all of the reserves. Cook County Board President Toni Preckwinkle on Friday was cautious, too: "It's not just a challenge for this year in terms of how we use our reserves, but what we're going to do in the next couple of years in particular" as the county — and its residents — struggle with the economic fallout of COVID-19.

It's not clear how the county's deficit could grow as the economic slump drags on — or whether it may get smaller with federal aid.

But for now, "we have to go back and take a hard look at what are the things we could do without," Rizki said.

In the past, the county has laid off workers — there are roughly 22,000 — and reduced services to make ends meet.

"If we don't get lost revenue, we're really in a tough spot," Preckwinkle said Thursday.



NORTH ATLANTIC TREATY ORGANIZATION

Coronavirus response: Poland sends medical mission to the United States

April 23, 2020 – NATO

A medical mission from Warsaw’s Military Institute of Medicine departed for Chicago on Thursday (23 April 2020), in order to help with the daily fight against COVID-19, and to exchange lessons learned and best practices.

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.”

Polish doctors from the Military Institute of Medicine, together with their colleagues from The Polish Center for International Aid, previously helped doctors in Italy’s Lombardy region, and are currently also working with Slovenian doctors in Ljubljana.

LABORNOTES

Nurses and Community Save Emergency Room on Chicago's South Side

April 23, 2020 – *Labor Notes*

In the midst of a pandemic wreaking havoc on Chicago, a victory was won by nurses and the community served by Provident Hospital. Located on the overwhelmingly black South Side near Washington Park, this institution has a rich history. It was the first hospital in the United States owned and operated by African-Americans, and where the first open heart surgery was performed in 1893 by founder Dr. Daniel Hale Williams.

On Friday, April 3, Cook County Health and Hospital System (CCHHS), the government entity that runs Provident, suddenly announced that the emergency room would be closing for renovations on Monday, for a month. The announcement came on the same weekend that reports were surfacing that African-Americans in Chicago were disproportionately represented in COVID-19 deaths. While making up 30 percent of the city's population, they were 70 percent of the deaths. Why would an ER be closed in an African-American neighborhood during a pandemic?

Our union, National Nurses United (NNU), immediately pushed managers into bargaining over the impact of the closure. We demanded that they postpone it because of what closure would do to the community. They refused.

We asked what their plan was for those who would invariably show up requiring lifesaving medical services. Management responded that the person stationed at the front desk would call 911. We wondered how this was not a violation of the Emergency Medical Treatment and Labor Act, the federal law that forbids the transfer of unstable patients, and they said they'd get back to us.

We made it clear that we didn't oppose remodeling, but that there had to be another way. We said that such an action would never occur in a richer and whiter part of town. An ER is not a fast food restaurant: you cannot simply turn the lights off and lock the door because a mouse is discovered in the freezer. People are often brought there when they can't breathe, and shutting the doors puts lives at risk.

Management then said that the closing was for safety's sake, because a health care worker had tested positive for the coronavirus. Almost every hospital that treats such patients has had employees test positive, but exactly zero institutions have responded by closing down.

A LONGSTANDING PUBLIC HEALTH EMERGENCY

Washington Park has been chronically under-resourced when it comes to health care, with significant health disparities. In neighboring Hyde Park, home to the University of Chicago and its \$8.5 billion endowment, residents have a life expectancy 14 years longer than do those on the "wrong" side of Cottage Grove Avenue. This awful gap should have been a public health emergency long before COVID-19.

After management refused to listen to reason, nurses immediately began organizing. In less than 20 hours, we held a press conference protesting the closing. We highlighted patients, nurses, and teachers at area schools.

We collaborated with other unions, such as the Chicago Teachers Union, community organizations, and local politicians.

We produced a short video and launched a petition which eventually garnered almost 3,000 signatures. The story was pushed out on social media and picked up by many local news sources. An article in the New Yorker magazine, titled The Black Plague, highlighted Provident's ER closure as an example of the racial disparity that COVID-19 has shined a spotlight on.

REOPENED

The CCHHS announced on Friday, April 17, that the ER would reopen on Monday. NNU had already organized a press conference to deliver the petitions when the good news was delivered. City Council member Rossana Rodriguez joined nurses at the Cook County Building for the action, which we turned into a victory rally, along with a representative from the Kenwood-Oakland Community Organization.

The actions of regular working people resulted in the ER being opened 16 days earlier than planned. Our collective voices lessened the chance of a tragedy. While the ER was closed, people seeking medical care were transferred to different locations, and it was fortunate that no one came to Provident's door requiring lifesaving care.

When we did re-enter the ER after the two-week closing, it was unclear why it had taken management so long to do so little. No new walls were put up, although they did clean and put on a fresh coat of paint. The start of the day was chaotic, because management had again failed to involve any nurses who work in the ER with planning.

Even more disturbing was that before the refurbishment, we had 16 beds, and now there are only 10. Furthermore, nurses heard from managers that fewer nurses will be scheduled for each shift.

While it was a victory that the ER was reopened, the fight for equity in medical care clearly must continue. We should take confidence from our success, and deepen the connections we made for future struggles.

Dennis Kosuth is a nurse in the ER at Provident Hospital and a member of National Nurses United.

Chicago Tribune

[Cook County commissioners approve Preckwinkle staff member for seat on county health system board](#)

April 23, 2020 – *Chicago Tribune*

The Cook County Board ushered in one of President Toni Preckwinkle’s top staff members to the board in charge of the county’s health and hospital system on Thursday, deepening her influence on the body.

In the county’s first virtual board meeting since the coronavirus pandemic started, commissioners voted 17-0 in favor of appointing Otis Story to a seat on the Cook County Health and Hospitals System board of directors. Story, Preckwinkle’s deputy chief of staff since February, previously was chief executive officer of East Orange General Hospital in East Orange, New Jersey, until 2017.

“I think he has a role to play,” Commissioner Larry Suffredin, D-Evanston, said. “Hopefully the independent board will be meeting next week and be meeting continuously to be part of the solution.”

The health system’s board was created 12 years ago to operate autonomously from Cook County politicians. Story’s appointment comes amid sweeping changes to add more county board oversight of the financially troubled health system, which is \$2.8 billion of the county’s \$6.2 billion budget this year. Though some criticized the move as a power grab, Preckwinkle has said there is greater need for more communication between the hospital system board and the county that finances it.

In February, Preckwinkle and Cook County commissioners gave themselves veto power over the health system’s next CEO after the board ousted CEO Dr. John Jay Shannon in December. County officials also will financially advise Cook County Health administrators each month.

The county’s hospital system treats some of its poorest residents, operating Stroger and Provident hospitals as well as a Medicaid-backed insurance program called County Care. But steep budget shortfalls loom ahead this year as the system’s charity care, which is uncompensated for patients who cannot pay, is expected to balloon to nearly \$600 million.

The two hospitals have taken on the greatest burden of charity care for Cook County residents, Preckwinkle has said. The county’s budget gap could reach \$109 million in 2021, she said last year.

The Daily Line

[County commissioners to weigh pandemic's financial toll during virtual board meeting](#)

April 23, 2020 – *Daily Line*

The Cook County Board of Commissioners is set to take stock of the devastation that the coronavirus crisis has wreaked on the county's finances when it reconvenes for the first time in more than a month on Thursday.

Board members are scheduled to accept a report (20-1114) on the first-quarter operations of the Cook County Health and Hospital system when they gather for a virtual meeting via Microsoft Teams at 10 a.m. Thursday. Commissioners are scheduled to get back together at 1 p.m. Thursday for a meeting of the Cook County Forest Preserve District board.

Among the first items of business awaiting commissioners Thursday morning will be a rule change (20-2363) allowing the board to conduct public meetings over cyberspace, in accordance with Gov. JB Pritzker's executive order last month that loosened requirements of the state's Open Meetings Act.

In addition to the sharp drop-off in sales tax revenue driven by the near shutdown of the county's economy, the coronavirus pandemic has put "considerable" strain on the Cook County Health and Hospital System, Cook County Board President Toni Preckwinkle said during a press conference on Wednesday.

Stroger and Provident Hospitals have suffered a steep decline in revenue because the hospitals have stopped providing elective surgeries in order to divert resources to fighting the virus, Preckwinkle said.

"There's an impact both...in terms of lost revenue, because of the termination of elective surgery, and an impact in terms of the number of people that we have to care for...many of whom are uninsured," Preckwinkle said. "So our health and hospital system, which is half our budget, is really heavily impacted by the virus."

Preckwinkle added that she is hopeful the hospital system will see some of its losses replenished by federal stimulus dollars.

Commissioners are scheduled Thursday to consider a resolution (20-2373) offered by Preckwinkle that would authorize county Budget Director Annette Guzman to accept and apply federal stimulus dollars to county finances.

The future of the county's health system had already been in flux before the coronavirus crisis emerged, as the system was in the swing of searching for a new CEO after the dismissal of Dr. Jay Shannon amid skyrocketing costs from treating patients without insurance.

Ekerete Akpan, the health system's chief financial officer, was asked to step aside in February. And earlier this month, Preckwinkle and interim Cook County Health CEO Debra Carey fired Dr. Terry Mason from his role overseeing the county's department of public health. He was replaced in that role by Dr. Rachel Rubin and Dr. Kiran Joshi.

The turbulence prompted the county board earlier this year to approve a sweeping measure (20-1118) to wrest some control of the health system away from its independent board of directors, in part by letting Preckwinkle personally choose a 12th member of the board.

The County Board is scheduled to follow through on that measure Thursday by appointing (20-2075) former health care executive Otis Story as Preckwinkle's pick to join the board.

The board is also set to consider a resolution (20-2378) from Comm. Scott Britton (D-14) that would recommend for the Cook County Department of Public Health to provide address information to municipal first responders so they can take "necessary medical precautions" when entering the home of someone who is sick.

Britton told WBEZ on Tuesday that he did not know whether the resolution had enough votes to pass because some commissioners had raised concerns about privacy.

Thursday will mark the board's first meeting since Comm. Frank Aguilar (D-16) was appointed by west-suburban Democratic Party leaders to replace former Comm. Jeffrey Tobolski, who resigned last month. Aguilar was sworn into the position on Monday.

[Clinical and virologic characteristics of the first 12 patients with coronavirus disease 2019 \(COVID-19\) in the United States](#)

April 23, 2020 – *Nature Medicine*

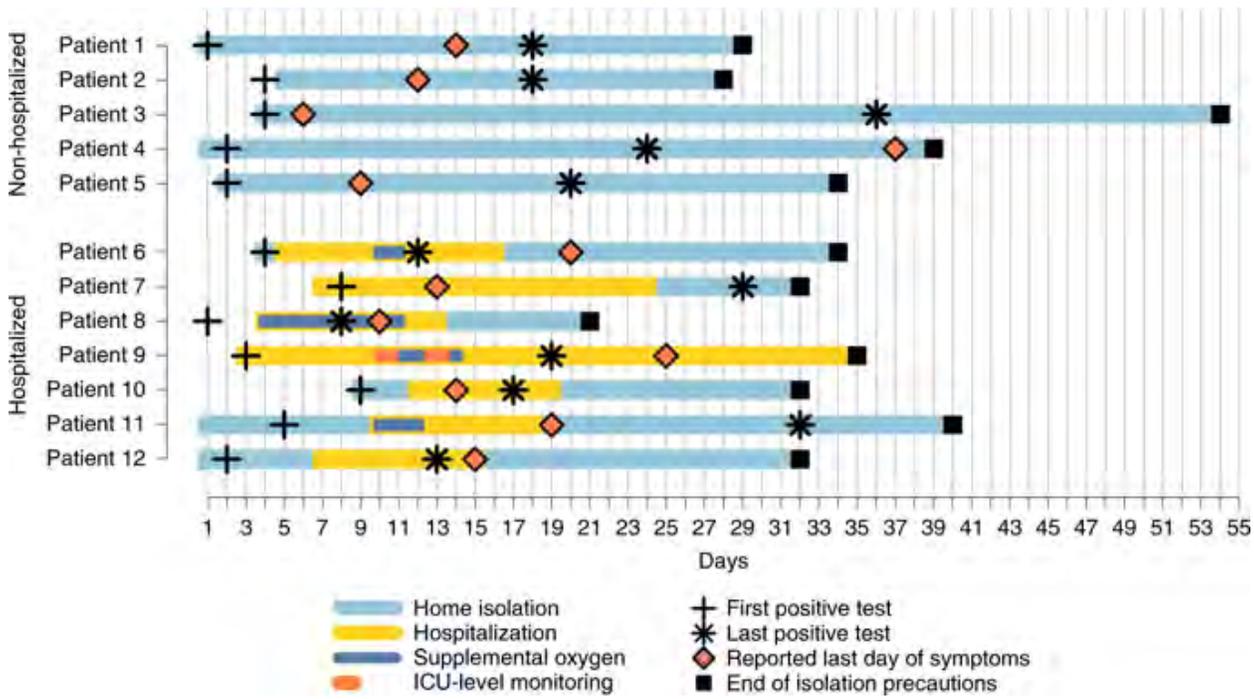
Abstract

Data on the detailed clinical progression of COVID-19 in conjunction with epidemiological and virological characteristics are limited. In this case series, we describe the first 12 US patients confirmed to have COVID-19 from 20 January to 5 February 2020, including 4 patients described previously^{1,2,3}. Respiratory, stool, serum and urine specimens were submitted for SARS-CoV-2 real-time reverse-transcription polymerase chain reaction (rRT-PCR) testing, viral culture and whole genome sequencing. Median age was 53 years (range: 21–68); 8 patients were male. Common symptoms at illness onset were cough ($n = 8$) and fever ($n = 7$). Patients had mild to moderately severe illness; seven were hospitalized and demonstrated clinical or laboratory signs of worsening during the second week of illness. No patients required mechanical ventilation and all recovered. All had SARS-CoV-2 RNA detected in respiratory specimens, typically for 2–3 weeks after illness onset. Lowest real-time PCR with reverse transcription cycle threshold values in the upper respiratory tract were often detected in the first week and SARS-CoV-2 was cultured from early respiratory specimens. These data provide insight into the natural history of SARS-CoV-2. Although infectiousness is unclear, highest viral RNA levels were identified in the first week of illness. Clinicians should anticipate that some patients may worsen in the second week of illness.

Main

Twelve patients with confirmed COVID-19 were identified in six states. Five did not require hospitalization and were isolated at home (patients 1–5) and seven were hospitalized for clinical and public health reasons (patients 6–12) (Fig. 1). Median age was 53 years (range: 21–68); eight patients were male (Table 1). Four of five patients with underlying medical conditions were hospitalized (Table 1,2).

Fig. 1: Timeline of illness onset, SARS-CoV-2 RNA detection, hospitalization, oxygen requirement and reported symptom resolution among the first 12 patients with COVID-19 in the United States, January to February 2020.



Patients 1–5 were not hospitalized and patients 6–12 were hospitalized. Days are sequential from day of symptom onset (day 1). Light blue bars indicate time patients were under home isolation. Yellow bars indicate duration of hospitalization. Dark blue bars indicate duration of supplemental oxygen administration in hospital. The orange dashed bar indicates duration of intensive care unit (ICU)-level monitoring for patient 9. The black ‘+’ indicates collection date of the earliest sample that tested positive for SARS-CoV-2 by rRT–PCR. The black asterisk indicates collection date of the latest sample tested by CDC with a positive result for SARS-CoV-2 by rRT–PCR. The orange diamond indicates date of last report of symptoms. The black square indicates the last day of isolation precautions. Patient 9 was isolated in a healthcare facility for the full time period; they were discharged from the first healthcare facility on day 27 and subsequently transferred to a second healthcare facility for public health purposes. Patient 1 reported a cough with initial onset in mid-December before the patient traveled to China. The patient reported no change in the cough from the initial onset until reported resolution on day 14. Because onset date was difficult to determine for this patient, we have used date of detection as day 1 to assess viral RNA detection.

Dates of illness onset ranged from 14 to 29 January 2020. Ten patients traveled to mainland China in the 2 weeks before illness onset, including nine to Wuhan City. Two patients were contacts of US COVID-19 patients in this series². Among all patients, the duration of potential exposure ranged from 5 d to over 1 month; time between last date of possible exposure and illness onset ranged 0–5 d.

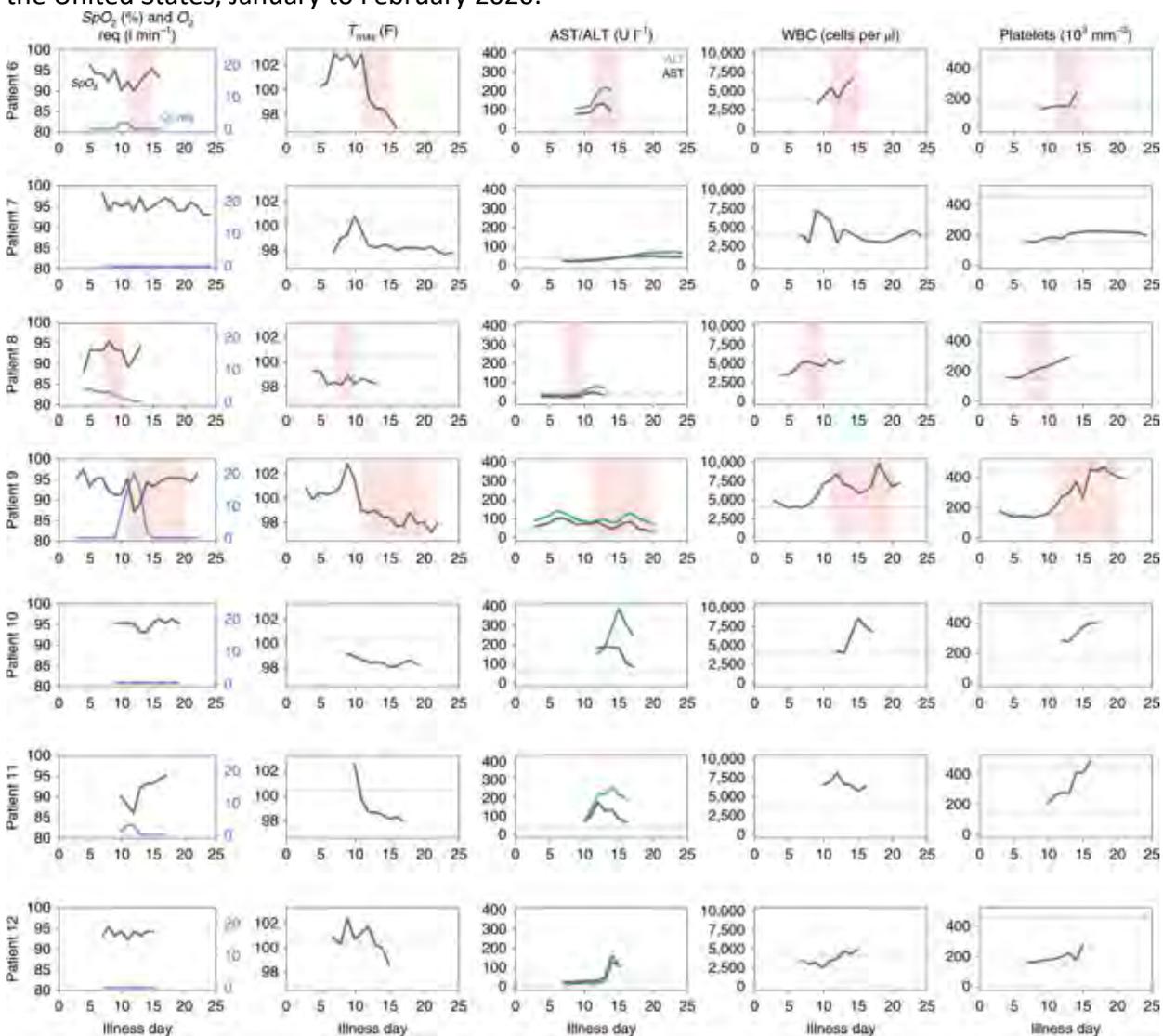
The most commonly reported initial signs or symptoms were cough ($n = 8$) and fever ($n = 7$) (Table 1). Two patients reported neither fever nor cough initially, though they developed them subsequently: one reported sore throat as their initial symptom and the other reported diarrhea (one day before fever and cough); the patient with diarrhea had recently traveled outside the United States before illness onset and later tested positive for *Giardia* and *Clostridiodes difficile*.

Over the course of illness, patients reported cough ($n = 12$), subjective or measured fever ($n = 9$), diarrhea ($n = 3$) and vomiting ($n = 2$). Three patients who never reported fever were never hospitalized and remained on home isolation. Of these, one patient reported only cough and rhinorrhea; one reported only cough, which

began before travel to China and did not change from the initial onset until resolution; and one reported cough, chills, fatigue, headache and nausea.

The clinical course for each hospitalized patient is described in the [Supplementary Information](#) and Extended Data (Extended Data Figs. [1–7](#)). All hospitalized patients were managed using standard, contact and airborne precautions, including eye protection. Median duration of fever was 9 d (range: 2–11). Peak body temperature during hospitalization (range: 99.1–102.9 °F) occurred at a median of illness day 9 (range: 4–10) (Fig. [2](#)). All hospitalized patients had oxygen saturation <94% on room air at some point during their illness, with oxygen saturation nadir (range: 86–93%) occurring at a median of illness day 12 (range: 4–23) (Fig. [2](#)). Five patients reported difficulty in breathing and four received supplemental oxygen (Table [2](#) and Fig. [1](#)). Patient 9 required high-flow nasal cannula oxygen supplementation and intensive care monitoring. No patients required mechanical ventilation.

Fig. 2: Clinical and laboratory values by illness day for the first seven patients hospitalized with COVID-19 in the United States, January to February 2020.



Clinical and laboratory values collected during hospitalization are shown for seven hospitalized patients by illness day. Values include oxygen saturation (SpO₂), supplemental oxygen requirement (O₂ req), maximum body temperature (T_{max}), AST, ALT and white blood cell (WBC) count. Pink shading indicates days of remdesivir

administration for three patients. Dotted lines show fever threshold of 100.4 °F (T_{\max}), 40 U l⁻¹ for AST and ALT, 4,000 cells per µl for WBC and 150 and 250 10³ mm⁻³ for platelets.

Two patients received a short course (≤ 3 d) of corticosteroids. Three, including one who received corticosteroids, received the investigational antiviral remdesivir (Gilead Sciences) under expanded access (compassionate use) for a duration of 4–10 d. Following remdesivir initiation, all had transient gastrointestinal symptoms, including nausea, vomiting, gastroparesis or rectal bleeding. No other post-remdesivir symptoms were observed. Patient 9 reported loose stool and rectal bleeding; as noted above, this patient had recently traveled outside the United States before illness onset and their stool later tested positive for *Giardia* and *Clostridiodes difficile*. Remdesivir was discontinued after improvement in each patient's respiratory symptoms.

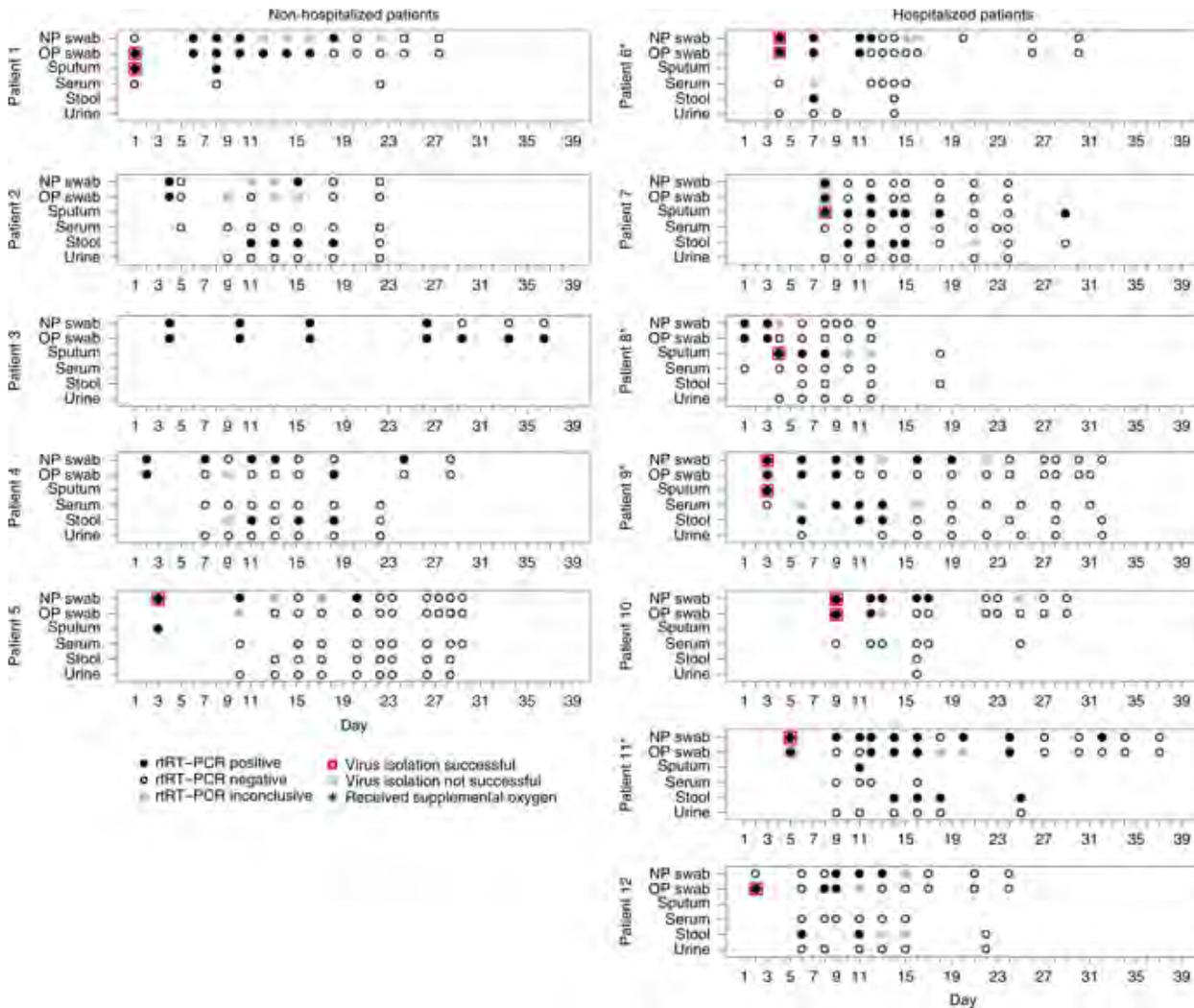
Blood cultures were negative in all six hospitalized patients tested, including those obtained from four patients treated empirically for bacterial pneumonia. Molecular testing for influenza A and B on respiratory specimens was negative and multipathogen respiratory PCR panels were negative for all targets in all hospitalized patients (Table 2).

Six of seven hospitalized patients had leukopenia ($< 4,000$ cells per µl) and the white blood cell count nadir occurred at a median of illness day 9 (range: 4–15) (Fig. 2). Procalcitonin levels were < 0.25 ng ml⁻¹ in all six patients tested. Aminotransferase levels were elevated in all hospitalized patients: aspartate aminotransferase (AST) levels peaked (median peak value 129 U l⁻¹, range 46–190 U l⁻¹) at a median of illness day 13 (range 7–19) and alanine aminotransferase (ALT) levels peaked (median peak value 136 U l⁻¹, range 66–389 U l⁻¹) at a median of illness day 14 (range: 6–23). Three of seven hospitalized patients had mildly elevated alkaline phosphatase levels > 115 U l⁻¹ (maximum value 163 U l⁻¹). Elevated lactate dehydrogenase levels > 600 U l⁻¹, coinciding with clinical deterioration, were observed in two patients tested. No major elevations in serum total bilirubin (seven patients tested) or prolongations in prothrombin time (four patients tested) were identified. Among the three remdesivir recipients, aminotransferase elevation developed in patient 6, 1 d after starting remdesivir and in patient 8, 4 d after starting remdesivir. Patient 9 had an aminotransferase peak before starting remdesivir and a second peak 5 d after starting remdesivir.

Unilateral or bilateral opacities were seen on chest imaging for all hospitalized patients (Table 2). Four hospitalized patients had normal initial chest radiographs (illness day range: 4–9). One had an abnormal chest computed tomography scan on the day of the normal chest radiograph.

All 12 patients had initial respiratory specimens collected between illness days 1–9 (median, day 4) and all but one tested positive in ≥ 2 respiratory specimen types (Fig. 3). Viral culture was attempted on initial respiratory specimens from nine patients and was successful for all nine, including two patients who were not hospitalized (Fig. 3); viable SARS-CoV-2 was cultured at day 9 of illness (patient 10), but was not attempted on later specimens. SARS-CoV-2 real-time PCR with reverse transcription (rRT-PCR) cycle threshold (Ct) values of virus isolated from the first tissue culture passage were 12.3–35.7 and for one patient, virus isolated from tissue culture passage 3 had a titer of 7.75×10^6 median tissue culture infectious dose per ml (Supplementary Table 1); these data were likely more reflective of growth in tissue culture than patient viral load.

Fig. 3: SARS-CoV-2 rRT-PCR results by specimen type and day among the first 12 patients with COVID-19 in the United States, January to February 2020.



Specimen types tested include NP swab, OP swab, sputum, serum, stool and urine. Days are sequential from day of symptom onset (day 1). Viral culture was attempted on selected respiratory specimens collected early in the course of illness. rRT-PCR results were reported as positive (all three targets positive), negative (all three targets negative) or inconclusive (only one or two positive targets). Black-filled circles indicate rRT-PCR-positive specimens. Black-outlined circles indicate rRT-PCR-negative specimens. Gray-filled circles indicate specimens with inconclusive rRT-PCR results. Red squares surrounding black-filled circles indicate rRT-PCR-positive specimens from which viral culture was successful. Gray squares surrounding black-filled circles indicate rRT-PCR-positive specimens from which viral culture was unsuccessful. An asterisk indicates patients who required supplemental oxygen.

Overall, 448 specimens were collected from the 12 patients throughout the course of illness and tested at the US Centers for Disease Control and Prevention (CDC). All 12 patients had SARS-CoV-2 RNA detected in at least one nasopharyngeal (NP) swab, 11 of 12 in an oropharyngeal (OP) swab, 6 of 6 in sputum, 1 of 11 in serum, 7 of 10 in stool and 0 of 10 in urine (Fig. 3). Among 117 pairs of simultaneous NP and OP specimens, 45 (38%) had discordant results. Among 32 discordant pairs with one positive specimen, the NP specimen was positive in 21 (66%). Thirteen additional discordant pairs had one negative and one inconclusive specimen. SARS-CoV-2 RNA was detected at a maximum of day 32 in NP specimens, day 36 in OP specimens, day 29 in sputum and day 25 in stool (Fig. 3). Two patients provided sputum specimens after NP and/or OP specimens tested negative and sputum continued to be positive in both patients. In patient 7, viral RNA was detected in sputum 17 d after the last positive OP specimen and ≥ 2 weeks after reported symptom resolution. In seven patients

who had SARS-CoV-2 RNA detected in stool, most detections occurred when viral RNA was still detectable in the respiratory tract. Among three patients who reported diarrhea, all had viral RNA detected in stool.

Mean Ct values in positive specimens were 17.0–39.0 for NP, 22.3–39.7 for OP and 24.1–39.4 for stool. Ct values of upper respiratory tract specimens were lower in the first week of illness than the second in most patients (Extended Data Fig. 8); in some patients, low Ct values continued into the second and third week of illness. SARS-CoV-2 rRT-PCR results turned positive in serum of patient 9 in the second week of illness at the time of rapid clinical deterioration.

Ct values and duration of RNA detection in the upper respiratory tract did not seem to differ by hospitalization status or oxygen requirement.

All patients reported symptom resolution (Fig. 1). Eleven patients reported cough (often intermittent) as the last symptom. Median symptom duration was 14 d (range: 6–37). SARS-CoV-2 RNA was detected after reported symptom resolution in 7 of 12 patients, including in NP ($n = 6$), OP ($n = 3$), sputum ($n = 1$) and stool ($n = 3$) specimens. Home isolation or Transmission-Based Precautions were discontinued for all patients per CDC criteria⁴; the last respiratory specimens tested at CDC with a positive test result were collected from these patients on days 8–36 (median = day 19).

Complete genome sequences were generated from respiratory specimens from all 12 patients. The sequences had >99% nucleotide identity to 85 reference sequences of SARS-CoV-2 genomes; phylogenetic tree analysis identified a few distinct subgroups (Extended Data Fig. 9) that were not divergent from each other, suggesting that these patients were identified during an early stage of the outbreak.

We describe the first 12 patients with confirmed COVID-19 in the United States, including clinical course of the first 7 hospitalized patients. Ten patients had traveled to China, including nine to Wuhan City and two had close contact with a US COVID-19 patient. Illness ranged from mild to moderately severe and hospitalized patients showed signs of clinical worsening in the second week. All patients recovered and three patients tolerated treatment with the investigational antiviral remdesivir. SARS-CoV-2 RNA was detected in upper and lower respiratory specimens, stool and serum. The highest viral RNA levels in the upper respiratory tract were typically detected in the first week of illness, and viable SARS-CoV-2 was cultured from early respiratory specimens. Viral RNA was detected after reported symptom resolution for seven patients, although the implications for infectiousness and transmission later in illness are unclear. SARS-CoV-2 genome sequencing and phylogenetic analysis from these 12 patients' respiratory tract specimens support a recent zoonotic transmission event and subsequent human-to-human transmission.

The clinical manifestations described here reflect the milder end of the full disease spectrum. Severe illness and death has since been reported in the United States^{5,6,7}. Among hospitalized patients in this report, the second week of illness was characterized by clinical or laboratory signs of worsening including hypoxemia or elevation of aminotransferases. Although some patients received empiric antibiotics for possible secondary bacterial pneumonia, we found definitive evidence of bacterial co-infection. Worsening in the second week of illness is consistent with previous reports^{8,9} and highlights the importance of close monitoring beyond the first week, even in patients with mild illness or no initial radiographic abnormalities.

Patient 9, the most severely ill among this series, experienced clinical deterioration late in the second week of illness. This was the only patient with SARS-CoV-2 RNA detected in serum and detection in serum was temporally related to clinical deterioration. Similar observations have been described previously^{10,11}. Increased proinflammatory cytokines have been observed in patients with COVID-19⁸ and it is possible that

cytokine dysregulation and endothelial dysfunction contribute to both clinical worsening and SARS-CoV-2 RNA detection in serum.

We detected viral RNA and cultured virus from upper respiratory specimens, even from patients with predominantly lower respiratory tract illness. Ct values in upper respiratory tract specimens typically were lowest during the first week of illness (suggesting high RNA levels), consistent with previous reports^{11,12,13,14}. SARS-CoV-2 RNA was detected in upper respiratory tract specimens for 2–3 weeks in most patients and for as long as 36 d. Sputum specimens were less frequently available; in two patients with a productive cough and available sputum, viral RNA was detected in sputum longer than in NP or OP specimens. We detected SARS-CoV-2 RNA in stool of multiple patients and in the serum of one hospitalized patient. SARS-CoV-2 RNA levels and duration of RNA detection in the upper respiratory tract did not seem to vary by illness severity and viral RNA was detected after reported symptom resolution in several patients. More data are needed to better understand how duration of RNA detection, RNA levels and presence of viable virus are related to symptom progression, illness severity and infectiousness.

Three hospitalized patients received the investigational antiviral remdesivir under expanded access (compassionate use) at the time of clinical worsening based upon a decision by each patient's clinician. Remdesivir inhibits viral replication through premature termination of RNA transcription^{15,16}. In vitro studies have demonstrated that remdesivir inhibits SARS-CoV-2 replication in nonhuman cells¹⁷. Because remdesivir use was not given as part of a randomized controlled trial, we are unable to assess effectiveness or safety. Randomized controlled trials of remdesivir are underway^{18,19,20}. Two hospitalized patients received corticosteroids. The World Health Organization and CDC advise against use of corticosteroids unless indicated for another reason²¹.

Our investigation has several limitations. Our patient sample is small, and results may not be generalizable. Information from patient interviews may have been subject to response bias. The threshold for hospitalization in these early cases was likely low because of uncertainty about COVID-19 clinical course. Illness resolution dates may be imprecise due to nonspecific lingering symptoms or symptoms from chronic or unrelated conditions. Clinical laboratory tests and radiographic studies were ordered as a part of routine patient care and were not collected systematically. SARS-CoV-2 RNA detection does not necessarily reflect the presence of infectious virus and rRT-PCR Ct values may have varied due to specimen collection or handling. Characterization of the first 12 COVID-19 patients identified in the United States provides insight into the epidemiology, clinical characteristics and natural history of SARS-CoV-2 infection. Although duration of infectiousness is unclear, these early data show viable virus can be cultured readily from upper respiratory tract specimens soon after illness onset; further studies on infectious period and risk factors for transmission are needed. Clinicians should anticipate that some patients may worsen in the second week of illness, but appropriate monitoring of these patients will present challenges as healthcare systems work to meet the increasing demands. Studies are urgently needed to better characterize risk factors for and early indicators of severe disease. Randomized controlled trials of therapeutic options and their effects on clinical outcomes and infectiousness are critical to guide clinical and public health management. Additional investigations to understand clinical course, immunological response, SARS-CoV-2 RNA detection, viral culture and transmission, will inform clinical management and public health strategies to prevent the spread of disease.

Methods

CDC's Human Research Protection Office determined that this work was exempt from human participants' research regulations as it involved identification, control or prevention of disease in response to an immediate public health threat. Patient consent was waived. Forms were approved under Office of Management and Budget, number 0920-1011.

Local health departments, in consultation with clinicians, identified patients under investigation (PUIs) for COVID-19 beginning 17 January 2020. PUI testing criteria changed during this period but included the presence of fever and/or lower respiratory symptoms (for example, cough or shortness of breath) and at least one epidemiological risk factor in the 2 weeks before symptom onset. Between 17 and 31 January 2020, epidemiological risk factors were travel from Wuhan City, close contact with a patient with laboratory-confirmed COVID-19 or currently under investigation for COVID-19 (refs. [22](#):[23](#)). Beginning 1 February 2020, epidemiological risk factors changed to close contact with a patient with confirmed COVID-19 or history of travel from mainland China[24](#). During both time periods, close contact was defined as being within 6 feet for a prolonged period of time[25](#) or contact with respiratory secretions[26](#). Close contacts of patients with confirmed COVID-19 were identified by local and state health departments and monitored for illness. Specimens from PUIs, including symptomatic close contacts, were tested for SARS-CoV-2 at CDC[27](#).

Upper respiratory tract (NP and OP) and available lower respiratory tract (sputum) specimens were collected and tested for SARS-CoV-2 RNA by rRT-PCR[28](#). A case of COVID-19 was defined as identification of laboratory-confirmed SARS-CoV-2 in ≥ 1 specimen from a patient. We included COVID-19 patients confirmed by CDC between 20 January 2020 and 5 February 2020; the size of this convenience sample was not predetermined and we aimed to describe the first cases as soon as possible. Patients sought outpatient or inpatient care at local facilities; some were transferred or referred to facilities that had specifically prepared to receive patients with COVID-19.

Patients were interviewed by public health officials about demographics, exposures, travel history and symptoms, including signs or symptoms before presentation. For all patients, available medical records were reviewed. For hospitalized patients, clinicians systematically abstracted data from the medical record.

Illness day 1 was defined as the first day of reported COVID-19 signs and symptoms; collection date of the first SARS-CoV-2-positive specimen was used for one patient with no clear symptom onset date. When prehospital symptoms or onset dates in the medical record differed from those reported from the public health interview, the latter were used. Results for virological tests were reported relative to illness day 1. Duration of potential exposure to SARS-CoV-2 was defined as dates of travel to China or dates of first to last exposure to a US patient with COVID-19. Fever was defined as feeling feverish or measuring body temperature ≥ 100.4 °F. We requested collection of NP swabs, OP swabs, sputum (if available), serum, urine and stool every 2–3 d throughout infection.

Multiple clinical and laboratory observations were included from each of the 12 patients. No associations between clinical or laboratory data and outcomes were tested statistically. Data were analyzed and visualized using Excel in Microsoft Office 365, SAS v.9.4, R v.3.6.2 and Python v.3.7.3 (refs. [29](#):[30](#):[31](#):[32](#)).

CDC evaluated specimens using SARS-CoV-2 RNA detection, viral culture, whole genome sequencing and phylogenetic analysis.

All patient specimens were tested for the presence of SARS-CoV-2 RNA by rRT-PCR targeting three regions of the gene encoding the nucleocapsid protein[28](#). The rRT-PCR results were reported as positive (all targets positive), negative (all targets negative) or inconclusive (only one or two positive targets). If an initial result was inconclusive, the specimen was re-tested; if both tests were inconclusive, the final result was reported as inconclusive. For inconclusive results, a positive detection of SARS-CoV-2 could not be definitively ruled out. If available, Ct values, which are approximately inversely related to the RNA levels in each specimen[33](#), were

reported as the mean of three reported Ct values. Results from serial rRT–PCR testing were not immediately available to inform clinical management.

Viral culture was attempted from early SARS-CoV-2-positive respiratory specimens (NP, OP or sputum) with Ct values <33. Specifically, 100 µl of clinical specimens were diluted twofold across a 96-well plate in serum-free DMEM supplemented with 2× penicillin–streptomycin and 2× amphotericin B (Sigma). Vero CCL-81 cells were trypsinized and resuspended in DMEM + 10% FBS + 2× penicillin–streptomycin + 2× amphotericin B at 2.5 × 10⁵ cells per ml. A 100-µl cell suspension was added directly to the clinical specimen dilutions and mixed gently by pipetting. The inoculated cultures were grown in a humidified 37 °C incubator with 5% CO₂ and observed for cytopathic effect daily. When cytopathic effect was observed, presence of SARS-CoV-2 was confirmed by rRT–PCR.

Nucleic acid was extracted from respiratory specimens (NP, OP or sputum) positive for SARS-CoV-2 rRT–PCR and used for whole genome sequencing on both Sanger and Oxford Nanopore MinION sequencing platforms. For Sanger sequencing, 37 sets of individual nested PCR assays spanning the entire 2019-nCoV genome were designed based on the reference sequence, GenBank accession number [NC045512](#). PCR amplicons were sequenced in both directions using Big Dye 3.1 cycle sequencing kits (Thermo Fisher Scientific) on an ABI 3730 Automated Capillary Sequencer (Thermo Fisher Scientific) with PCR primers and additional internal primers. The consensus sequences were generated from both sequencing directions using Sequencher 5.4.6 (Gene Codes Corporation). For Nanopore sequencing, individual PCR amplicons were pooled and barcoded by sample, which were used for library preparation using the Ligation Sequencing kit (Oxford Nanopore Technologies). Libraries were run on a MinION sequencer and consensus sequences were generated using minimap v.2.17 and samtools v.1.9 (refs. [34](#)–[35](#)).

Full genome sequences from the 12 confirmed cases in this report and 85 full genome sequences (as of 11 February 2020) available from GenBank and the Global Initiative on Sharing All Influenza Data database were aligned using MAFFT v.7.450 (ref. [36](#)). Sequences with obvious early stop codons were excluded. Phylogenetic trees were then inferred with the maximum likelihood method using the Hasegawa Kishino Yano nucleotide substitution model with γ -distributed rate variation among sites (HKY + G) and 1,000 bootstrap replicates implemented in Geneious Prime (Biomatters) and MEGA X [37](#)–[38](#).

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[At HPKCC virtual community forum, residents talk about life under the pandemic](#)

April 22, 2020 – *Hyde Park Herald*

The Hyde Park-Kenwood Community Conference (HPKCC) hosted a virtual forum Tuesday evening, featuring residents sharing their experiences during the pandemic, and elected officials speaking about their work in response.

“Tonight’s forum is a chance for all of us to come together during this very hard time,” said Ali Ammoura, an HPKCC board member who emceed much of the meeting. “It’s a chance for us to see one another, to see our neighbors, to hold space for one another, and it’s a chance to share how COVID-19 has affected our lives.”

The first hour featured Hyde Park and Kenwood residents talking about their experiences during the pandemic, describing both the ways their own lives have changed, and the efforts they are making to alleviate the inequity and hardship of others.

“For someone that has gone to war, this is like a war. This is an issue where we don’t know when the date is going to end,” said Nikelcia Marcelin, a veteran who runs a company, Veteran One Stop Shop, that specializes in business development. Marcelin said that the switch to online communication has been difficult for many of her clients.

“A lot of the clients that I interact with are elders that need one-on-one training on how to operate the computer, how to log into certain websites, how to submit for certain grants, whether they be federal contracts or stuff like that,” she said. “Navigating through that system is what I specialize in, and not being able to interact with people one-on-one has been a big concern. It’s kind of a slow-down in business for me.”

Marshall Callery, an actor who also works with businesses in Hyde Park and Bronzeville, spoke about how the pandemic has affected his friend group. “We started to realize how much physical contact means to us ... We have jobs, and we can’t go to those,” he said. “But we’ve done things like drawing contests to help us move through this. My neighbors and whole block does this band thing for 30 minutes every day where we play music and dance on our porches, and that’s really helped me.”

Other local residents spoke about their organizing efforts in the face of the pandemic. Raquel McGee, who lives in Washington Park, owns her home and has stable employment. But she was appalled by the disproportionate spread of the virus among Black Chicagoans — who make up 60% of deaths, according to the city — and founded Black Women Organizing for Power, an advocacy group, in response.

“We have been comfortable with these pervasive racial inequities since the existence of this city, and so now we are seeing the result of the divesting of resources systematically done to Black Chicagoland,” said McGee. She is currently circulating a petition of demands for both the city and the state, including funding that would be earmarked for Black communities.

Helena Duncan, an organizer with the Lift the Ban Coalition and a Hyde Park resident, asked the elected officials on the call to pressure Gov. J.B. Pritzker to repeal the Rent Control Preemption Act, which prohibits local municipalities from putting rent control measures in place. Mayor Lori Lightfoot says she is unable to pass local rent relief legislation with the law in place. The Lift the Ban Coalition released a legal memo earlier this month detailing how Pritzker could repeal the act using his emergency powers.

“While I’m fortunate enough to have kept my day job, I’ve lost some supplemental income that I do from gig-work childcare due to the virus But there are so many of my neighbors who are not so fortunate — tenants are literally on rent strike because they have no other options,” said Duncan. “I need my representatives who are on this call — Ald. Hairston, Sen. Peters, Rep. Tarver — I need you to urge Gov. Pritzker to use his authority ... to lift the ban on rent control.”

State Sen. Robert Peters (D-13th) responded to the question later in the forum, noting that he was wary of an overreach of Pritzker’s executive powers. “As a legislator, I don’t know if I want the executive to have that much power,” he said. “It really depends on if something is temporary, or if something is to sustain longer than an emergency. That’s something I want to dig in on.”

Ald. King (4th) also mentioned her own support for a pair of proposed City Council bills from 47th Ward Ald. Matt Martin. The bills would, respectively, provide rent relief for renters who have lost income during the epidemic, and call for Pritzker to provide mortgage forbearance to property owners. King is a co-sponsor of both bills.

Several other elected officials also were in attendance: Ald. Leslie Hairston (5th), State Reps. Curtis J. Tarver II (D-25th) and Kambium Buckner (D-26th), and Cook County Commissioner Bill Lowry.

Many of them also spoke about how much harder Black communities have been hit by the virus.

“For the African Americans that are impacted it’s not surprising, because of the years of disinvestment. There have been those of us that have been raising this issue over and over again over the years only to be minimized,” said Hairston, who said a close friend had been diagnosed with coronavirus on Monday.

Hairston also criticized people for not following social distancing guidelines, and said doing so might help parkland open up faster. “The more that we begin to adhere to the social distancing, the more comfortable the mayor, the governor, will feel about easing some of this up, because we understand the need. People need to be out,” she said.

Cook County Commissioner Bill Lowry provided information from the county level. He said that both Provident Hospital, 500 E. 51st St, and Stroger Hospital, 1969 Ogden Ave., were providing testing to members of the public with an order from a physician affiliated with Cook County Health. (Lowry also said another South Side hospital would soon be offering testing, but could not yet disclose which one it was.)

Lowry also announced that the Provident Hospital emergency department had reopened on Monday. Hospital nurses had protested the closure for renovations.

He also touted the county forest preserves as good places for people to get fresh air while socially distancing. “On Sunday, I had to go downtown, and I saw a lot of people out, and maybe 10 to 15% had a mask. About half of those people had a mask but it wasn’t on their nose or mouth. There is an opportunity for some of us

who want to get fresh air to go to our forest preserve locations,” he said. (Information about which forest preserve locations are open can be found at fpdcc.com.)

A full video stream of the meeting is available at facebook.com/HPKCC.Chicago



CHICAGO ASTHMA CONSORTIUM

How does COVID-19 feel different than asthma?

April 22, 2020 – Chicago Asthma Consortium



Dr. George Paul, Chair, Division of Pediatric Emergency Medicine, speaks about differentiating asthma and COVID-19 symptoms.



[Riding Your Bike Or Going For A Walk? Here's How To Stay Safe From Coronavirus](#)

April 22, 2020 – *Block Club Chicago*

The Active Transportation Alliance has released new guidelines for how to go for a walk or bike ride safely, without catching coronavirus or spreading it to others.

The group created the new guidelines and accompanying infographic in partnership with the Cook County Department of Public Health to respond to the growing uncertainty on how to navigate streets, sidewalks and trails as residents leave their homes for fresh air or to run errands.

“We’re trying to get this out to as many people as possible. It seems like people are looking for more explicit instructions on how do I walk and bike safely,” said Maggie Melin, an advocacy manager at the Active Transportation Alliance.

Here are the guidelines for walking and biking safely during the stay at home order:

Stay home unless you need to go out. People should make every effort to stay at home as much as possible, except for essentials like groceries and getting exercise. “If you do need to go out, go by yourself or with members of your household,” Melin said.

Keep at least 6 feet between yourself and others. If you’re traveling down a narrow or busy sidewalk, go out of your way to keep distance, being mindful that the person you are approaching, like a mom with a stroller or someone with a disability might not have the flexibility to move out of your way.

Avoid busy areas if possible. If a sidewalk is particularly crowded, you should cross the street or turn around and take an alternative route. “You might need to wait, or move out of the way when others are approaching you. That’s something people may not be thinking about,” Melin said.

Wear a cloth mask. Anytime you are walking or biking within six feet of others, you should wear a mask.

Don’t travel in packs. Don’t meet with friends to go on socially-distant walks or bike rides with friends and neighbors, even if you can maintain a safe distance.

Go outside in off-peak hours when possible. This helps keep sidewalks and other public spaces from being crowded during busy times so essential workers can travel to and from work safely, Melin said.

Disinfect your Divvy. Since the city has pushed Divvy bike-sharing as an alternative to public transit, bikers should remember to wipe bike handles with disinfectant if possible and wash their hands, avoid touching the face, and use hand sanitizer after biking.

Please **stay at home** when you can and consolidate essential trips.

Whether you're going out for an essential trip on foot or on a bike, or going out for a brief period of exercise, **please follow these public health guidelines.**



Travel solo or with as few people as possible from your household.



6FT
Maintain your distance



When you encounter another person walking or biking, maintain at least six feet of space at all times. You may need to wait or move out of the way when others approach you.



Wear a face covering while visiting grocery stores, pharmacies, and other public spaces where proper social distancing may be difficult.



Avoid touching your face while traveling.

If you see a crowd, turn around and find an alternative route.



Cook County DEPT OF
Public Health

COOK COUNTY
HEALTH



ACTIVE TRANSPORTATION
ALLIANCE

Sources: Cook County Department of Public Health, Chicago Department of Public Health, Illinois Department of Public Health, Centers for Disease Control and Prevention

The guidelines will be translated into multiple languages in the coming weeks. The infographic will be shared with transportation partners, public health organizations and local aldermen across the city.

[NFL and the Players Coalition Makes \\$250,000 Contribution to Cook County Health Foundation to Fight COVID-19 NFL Investing in Care for Communities of Color](#)

April 22, 2020 – *Health News Illinois*

Today, the National Football League and its Players Coalition announced a \$250,000 donation to Cook County Health Foundation to support the work of Cook County Health in caring for communities of color who have been disproportionately impacted by the COVID-19 pandemic. Nearly 70% of deaths from COVID-19 in Chicago have been African Americans. Cases continue to rise in our most vulnerable city communities and south suburban Cook County.

“This generous gift from the NFL Foundation and the Players Coalition will help Cook County Health sustain its care for all who need it in these extremely challenging times,” said Cook County Board President Toni Preckwinkle said. “We are grateful for their concern for those most affected by this disease, communities of color and their investment in our efforts.”

The gift from the National Football League’s Social Justice Fund is targeted to support services at John H. Stroger, Jr. Hospital.

“Social justice and health equity are at the core of Cook County Health’s 180 year mission. On behalf of the patients and communities we serve, who are being disproportionately impacted by COVID-19, I want to thank the NFL for their generous donation. It brings not just critical financial resources but important public recognition that we have a long way to go to ensure that everyone has access to all the services needed to ensure a healthy life,” said Debra D. Carey, Interim CEO, Cook County Health.

The health system has a 185-year history of caring for all who need help regardless of their ability to pay. Over 70% of its patients come from communities of color, with nearly 50% being African American. More than 40% have no health insurance. The system’s commitment to these communities stands firm as we face this devastating pandemic.



[Coronavirus Chicago April 22 updates: Cook County detainee death toll now 6](#)

April 22, 2020 – *WGN 9 Chicago*

Cook County Board President Preckwinkle, joined by the Cook County Department of Public Health, Cook County Department of Emergency Management and Regional Security and area first responders, will announce the availability of respite housing for suburban Cook County healthcare professionals, first responders and correctional officers.



[Cook County to Provide Short-Term Housing for First Responders](#)

April 22, 2020 – WTTW

First responders, health care workers and correctional officers are on the front lines of the coronavirus pandemic.

“You come to work each day to risk your own safety and very lives for the residents you serve,” Cook County Board President Toni Preckwinkle said Wednesday morning. “(They) face an additional burden when they leave work each day: they fear of bringing the virus home to loved ones.”

On Wednesday, Preckwinkle, along with area first responders and representatives from the departments of public health and emergency management and regional security, announced the county will provide short-term housing for suburban Cook County health care workers, first responders and correctional officers.

“We owe it to them to provide a safe place to quarantine if they may be exposed to COVID-19 but not experiencing any symptoms,” Preckwinkle said. “We must protect their loved ones while they protect us.”

Dr. Kiran Joshi, who is co-leading the county’s response to the pandemic, said the program is open to all who work in health care settings. “(That) includes low-wage workers, perhaps cleaning staff,” he said. “I wouldn’t want anyone left out.”

As of Wednesday morning, there have been 33,059 confirmed cases of the coronavirus statewide, including 9,627 cases in suburban Cook County, according to the Illinois Department of Public Health. Statewide, 1,468 people have died from the virus, including 433 in suburban Cook County.

County officials say housing will be offered in seven-day increments, which can be extended based on room availability and public health guidance. The program will prioritize workers who may not have the financial ability to rent a hotel room for an extended stay, Preckwinkle said.

“The idea is this is a safe harbor for an individual to hunker down in off-hours,” said Bill Barnes, executive director of the county’s department of emergency management and regional security. “The idea is to minimize exposure and spread of the disease. The idea is to have a self-contained room, bathroom and ventilation system.”

Officials said 460 rooms in a Schaumburg hotel have been made available and a facility in Oak Lawn, offering 60-100 rooms, will also soon be available. Barnes said the program is scalable. “As need arises, we’ll get additional housing to accommodate (workers),” he said.

The respite housing is in addition to alternative care housing for residents who test positive for COVID-19 and may need temporary housing while recovering.

[Doctor From the Front Lines Speaks Out About Coronavirus Impact](#)

April 21, 2020 – NBC 5 Chicago



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 coronavirus pandemic.

Schindlbeck said one of the toughest parts about being a physician during this time is not being able to connect with patients.

"I think it's hard to establish that rapport with my patients and really put them at ease and show compassion when I am standing six feet away from them," Schindlbeck said.

In the video published by Cook County Health, Shindlbeck said he is surprised at the number of patients that come through the emergency room with coronavirus and how sick they really are.

"I think the hardest thing, the low point is losing patients in isolation and they cannot contact their family," Schindlbeck said. "You are the only one with the patient."

In 2009, Schindlbeck said he helped fight the flu outbreak, but the coronavirus is different because no one knows how it will behave.

Though doctors lack previous experience dealing with this pandemic, Schindlbeck said he and his staff will continue to fight, no matter how long it takes.



[Chicago ER Doc Bounces Back From Coronavirus](#)

April 21, 2020 – *WBBM Newsradio*

An emergency room doctor at Stroger Hospital wants to share his own story of having COVID-19 and hopes it will reassure patients who are currently fighting it.

It was the middle of March. Stroger ER physician Steven Aks says after a shift, he came down with “a mild eye infection.”

He says he’s not sure how it happened.

“There was not like a moment when I said, ‘Oh, I just got into trouble here.’”

Dr. Aks, who's in his 50s, says he tested positive for COVID-19. He had body aches and was tired but did not have a fever.

“I hope this is reassuring to many people that I’m in the majority of 96 percent of folks that will have just a mild course,” he said Tuesday.

“And I think all of us need to just have that perspective that there’s actually a lot of really very benign courses of this illness. But we can’t point out which person is going to be vulnerable and who is going to have severe, severe disease, besides folks with obvious other illnesses.”

Dr. Aks was away from work for two weeks. He came back to work at Stroger Hospital 2 1/2 weeks ago.

“People are scared. The daylights are scared out of them. People need hope right now. And, as physicians, if we can do anything, we have to give a hopeful, realistic picture.”

He says he's aware of other colleagues who have gotten COVID-19 "having very minor effects."

Dr. Aks says his bout with coronavirus was "extremely stressful" for his family.

"It was probably worse for them than it was for me," he said.



[NFL Gives \\$250K for Chicago COVID-19 Relief](#)

April 21, 2020 – *NBC 5 Chicago*

The NFL and its Players Coalition announced they will gift \$250,000 to support the work of Cook County Health in caring for communities of color impacted by the COVID-19 pandemic.

Debra Carey, Interim CEO for Cook County Health said in a statement that social justice and health equity are at the core of Cook County Health's mission.

"(The donation) brings not just critical financial resources but important public recognition that we have a long way to go to ensure that everyone has access to all the services needed to ensure a healthy life," said Carey in a statement.

The donation from the NFL's Social Justice Fund is targeted to aid services at John H. Stroger, Jr. Hospital in Chicago.

Over 70% of the health system's patients come from communities of color with more than 40% having no health insurance.

"On behalf of the patients and communities we serve, who are being disproportionately impacted by COVID-19, I want to thank the NFL for their generous donation," Carey said in a statement.

CHICAGO SUN★TIMES

[Provident Hospital ER reopens — with a few changes in place](#)

April 20, 2020 – *Chicago Sun-Times*

Provident Hospital's emergency room reopened Monday morning, two weeks after Cook County officials made the decision to temporarily close the facility when an employee there tested positive for the coronavirus.

At the time, county officials also said they had been told the layout of the emergency room would hamper social distancing efforts.

During the past two weeks, crews have, among other things, re-configured seating inside the ER to meet social distancing guidelines, as well as creating a designated seating area for patients suspected of having the coronavirus, a spokeswoman for Cook County Health said in a statement.

While the facility has been closed, patients arriving at the ER were either triaged, sent to a neighboring hospital or seen by a Provident doctor in another part of the hospital, officials said.

The remainder of the hospital has remained opened during the work at the emergency room.

CHICAGO SUN★TIMES

[Latest coronavirus news for April 20, 2020: Live updates](#)

April 20, 2020 – *Chicago Sun-Times*

Provident Hospital ER reopens — with a few changes in place

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[Cook County Reopens Provident Hospital ER](#)

April 20, 2020 – *Health News Illinois*

The emergency room at Provident Hospital is open again as of Monday, according to a statement from Cook County Health.

The unit was closed on April 6 to reconfigure its layout to better protect patients and staff from COVID-19.

Among the changes made in the past two weeks include new seating arrangements to meet social distancing guidelines, a new seating area for suspected COVID-19 patients, a mobile registration unit, reconfigured nursing stations, relocated support services and new triage, exam and isolation areas for COVID-19 patients.

“These improvements will provide a safer environment for all patients and staff in the emergency room, particularly during this pandemic,” the system said in a statement.



[Coronavirus Chicago: Lightfoot outlines plan to address COVID-19 impact on black community, leaders call for better healthcare](#)

April 20, 2020 – ABC 7 Chicago

Mayor Lori Lightfoot outlined additional steps Chicago is taking alleviate the disproportionate effect the coronavirus pandemic has had on the African American community.

Earlier this month, Mayor Lightfoot announced that more than half of the COVID-19 cases in Chicago are African Americans and said the city would take a series of steps to address the disparity.

On Monday, Mayor Lightfoot said the city has targeted three neighborhood that have been it the hardest: Auburn Gresham, Austin and South Shore.

The mayor said efforts by the Racial Equality Rapid Response team has targeted the areas with outreach efforts including informational door hangers as well as distributing masks.

"We are all in this crisis together, but we haven't experienced it in the same way," said Mayor Lightfoot. "In response to the shockingly disproportionate impact this disease has had on our communities, RERRT is working aggressively and in close collaboration with local leaders and partners to mount a public health response that addresses the specific and contextualized needs of our residents and families. While we continue to focus on the immediate challenges related to COVID-19, this crisis has also doubled-down our longer mission to fight poverty, end racial inequality, and ensure every Chicagoan has access to a bright future we all deserve."

Lightfoot announced a series of tele-town halls will be held to provide education and information to the hard hit neighborhoods. The town halls will be livestreamed by community organizations.

On Thursday, April 23, South Shore works (@southshoreworks) will host a town hall from 4:30-6 p.m. On Saturday April 15, Greater Auburn Gresham DC (@gagdcchicago) will host a town hall from 10:30 a.m. to 12 p.m. and Austin Coming Together (@act.chicago) will host a town hall from 12:30 p.m. to 2 p.m.

Chicago health officials said as of Monday, 46 percent of COVID-19 cases in Chicago are black, with Latinx residents comprising 24 percent of cases, white patients 21 percent and Asian four percent. Officials said the population of Chicago is 33 percent black, 29 percent Hispanic, 33 percent white, seven percent Asian.

Officials said there have been 500 COVID-19 deaths in Chicago, 278 African American deaths, 83 Hispanic deaths, 82 white deaths, 23 Asian deaths and five of other ethnicity. In another 20 cases, the race of the patient remains under investigation.

Meanwhile, some black community leaders have called for more health care at South and West side hospitals.

Community and faith leaders said residents are not getting equal treatment when it comes to healthcare and fighting COVID19 and they want Mayor Lori Lightfoot to step in.

Monday morning, a prayer vigil was held in front of Mercy Hospital near 25th Street and Michigan Avenue. The group said there are disparities in health care among in the black community.

They cited the closure of Provident Hospital earlier this month, saying the African American community is experiencing a very high number of COVID19 deaths, and inequitable healthcare options.

"Racism didn't start with COVID, and we're tired of continuously kicking the can down the road, blaming people that are underserved without addressing key issues that contribute to the disparities that we see that leave particular populations more vulnerable," said Jitu Brown of the Kenwood Oakwood Community Organization

Provident Hospital's ER room reopened Monday morning, after being closed since early April- the hospital saying it needed to suspend services to update their facility according to new CDC social distancing guidelines and safe areas for patients and staff.

The group is asking for better healthcare on the South Side with better-equipped hospitals, better food options and more immediately, a mobile testing lab for residents to get tested for the coronavirus.

Cook County Health responded, saying they are reaching out to underserved communities, specifically helping patients most at-risk for resources with healthcare resources and they continue fresh fruits and vegetables to local clinics around the area.



[COVID-19 pandemic updates for April 20](#)

April 20, 2020 – *WGN 9 Chicago*

The emergency room at Provident Hospital in Chicago is up and running again. The ER was closed earlier this month after an employee tested positive for COVID-19. It reopened at 7 a.m. Monday, following efforts designed to improve the safety of patients and staff, and reduce the risk of transmission of the virus.

Provident Hospital is part of the Cook County Health system.



[Provident Hospital ER To Reopen Monday](#)

April 20, 2020 – *WBBM Newsradio*

The emergency department at Provident Hospital is due to reopen Monday, a couple of weeks earlier than planned.

The emergency department at Provident Hospital was closed the first week of April, after a staff member had tested positive for COVID-19 and Cook County Health determined the set-up in the ER did not allow for proper physical distancing. Cook County Health decided to shut it down to reconfigure the ER and planned to reopen on or before May 6.

Nurses had protested saying the Provident emergency department was needed on the South Side.

Now, two weeks after closing, Provident Hospital's ER is back open and started taking patients at 7 a.m. Monday.

Cook County Health officials said the emergency room has been reconfigured with new seating, including a designated area for patients suspected of having COVID-19, CBS 2 reported. Provident Hospital has also created mobile registration units to reduce crowding, and reconfigured nurses' workstations to meet social distancing guidelines. Officials also have designated new triage, exam, and isolation areas for COVID-19 patients, created separate workrooms for doctors and staff, and installed a new communication system to allow safe interactions between patients and staff.



[Emergency room at Provident Hospital to reopen this morning after 2 weeks of renovation](#)

April 20, 2020 – Fox 32 Chicago



Provident Hospital is reopening its emergency room after completing renovations to allow for social distancing.



[Provident Hospital's ER to reopen](#)

April 20, 2020 – *Crain's Chicago Business*

Cook County Health will reopen Provident Hospital's emergency room today after a two-week shutdown.

PROVIDENT HOSPITAL ER TO REOPEN, UNION CLAIMS VICTORY: Cook County Health said it's reconfiguring the South Side ER to meet social distancing guidelines and will reopen the facility April 20 after being closed for renovations. It's a victory for front line health workers, who protested the closure saying the move endangered the community especially since COVID-19 is disproportionately affecting African Americans.



[Provident Hospital Emergency Room To Reopen Monday After Changes To Improve Social Distancing](#)

April 17, 2020 – *CBS 2 Chicago*

Provident Hospital will reopen its emergency room on Monday, following two weeks of renovations to allow for necessary social distancing during the COVID-19 pandemic.

Operations were suspended in the emergency room on April 3 after a staffer tested positive for the novel coronavirus. The emergency room was closed entirely three days later, after public health officials determined it was impossible to maintain proper social distancing with the existing configuration.

While the emergency room has been closed the rest of the hospital has remained open, and treated approximately 1,000 patients, according to Cook County Health. Arriving patients with emergency needs have been triaged, and either directed to a nearby hospital, to Stroger Hospital, or treated by a doctor at Provident.

Cook County Health officials said the emergency room has been reconfigured with new seating, including a designated area for patients suspected of having COVID-19.

The Bronzeville hospital also has created mobile registration units to reduce crowding, and reconfigured nurses' workstations to meet social distancing guidelines. Officials also have designated new triage, exam, and isolation areas for COVID-19 patients, created separate workrooms for doctors and staff, and installed a new communication system to allow safe interactions between patients and staff.

The county said emergency room services would resume at Provident Hospital at 7 a.m. on Monday.

Nurses at the hospital have protested the decision to close the ER, calling it dangerous, and saying the move was made without sufficient notice or consultation.

Earlier this year, plans to build an entirely new \$240 million eight-story facility for Provident Hospital were put on hold while Cook County Health looks for a new CEO.



[Provident Hospital Emergency Room To Reopen Monday After Changes To Improve Social Distancing](#)

April 17, 2020 – MSN

Provident Hospital will reopen its emergency room on Monday, following two weeks of renovations to allow for necessary social distancing during the COVID-19 pandemic.

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[Experts examine virus' disproportionate impact on Black communities](#)

April 17, 2020 – *Chicago Crusader*

While African-Americans make up just less than 15 percent of Illinois' population, they account for approximately 43 percent of the state's COVID-19 fatalities and 28 percent of its confirmed cases, according to the Illinois Department of Public Health.

In a virtual town hall meeting on the issue earlier this week, state public health and African-American community leaders agreed that COVID-19 is not creating, but is laying bare longstanding public health disparities along racial lines.

"COVID-19 is putting these long-lasting inequities on display," said Congresswoman Robin Kelly, a Democrat who represents Illinois' 2nd Congressional District in the south suburbs of Chicago and serves as the Congressional Black Caucus Health Braintrust chair. "The adage is true – when they get a cold, we get pneumonia."

IDPH Director Dr. Ngozi Ezike said a number of factors – such as preexisting conditions like high blood pressure and diabetes, which are more prevalent in Black communities – are contributing to the disproportionate impact of COVID-19, making the "horrific" statistics "not totally unexpected."

Ezike and various leaders also said African-Americans often live in more crowded, multigenerational homes, and many still must work in public-facing positions because they are essential yet low-wage workers who cannot afford to take time off.

"We believe that these disparities, or these differences, are the result of injustices, things like redlining (excluding certain neighborhoods from access to financial services), economic disinvestment, less access to health care or health insurance, food insecurity, the list goes on," Dr. Kiran Joshi, co-director of the Cook County Department of Public Health, said in the virtual town hall.

While Joshi said there is an "increasing understanding" in public health and government that the underlying reason for such disparities is "structural racism," he noted, "No single local public health department or health care organization or elected official could do this on their own."

For leaders throughout African-American communities statewide, current efforts are focusing on local community outreach with trusted organizations, a call for greater testing and data collection, and a focus on promoting available state and local resources.

On Friday, April 10, Gov. JB Pritzker announced plans for greater testing and available alternative housing in Black communities as well.

Coronavirus Cases And Deaths

Gov. JB Pritzker said Sunday, April 12, there are signs the COVID-19 outbreak is starting to level off, but he urged people to continue practicing social distancing to control the virus' spread.

Speaking during an abbreviated Easter Sunday daily briefing in Chicago, Pritzker said the state is now conducting more testing than ever but that the percentage of tests coming back positive has remained almost exactly the same for the past two weeks, while the number of daily deaths appears to be dropping.

Pritzker said there had been 1,672 new confirmed cases reported of COVID-19 over the previous 24 hours, the highest daily total in Illinois so far in the pandemic, but he said that was largely due to increased testing. He also reported 43 deaths from the disease, the lowest daily total in the past six days.

"I pray as we move forward that these trends continue," he said. "And if they do, it will be because of all of you, adhering to our stay-at-home order. Doctors and experts confirm the fact that, Illinois, having been the second state to announce a stay-at-home order, now seems to be reaching a peaking terminal term and our hopes have been coming to fruition."

The Illinois Department of Public Health reported that 7,956 COVID-19 tests had been conducted over the previous 24 hours, the highest daily number so far, but still short of the stated goal of 10,000 tests per day.

There have now been more than 100,000 tests performed in Illinois, with a total of 20,852 confirmed cases and 720 fatalities.

Pritzker cautioned, however, that it was still too early to say whether the outbreak had peaked.

Stay-At-Home Order

Responding to questions from reporters, Gov. JB Pritzker on Sunday, April 12, said the stay-at-home order will remain in place until there is a significant drop in the number of active cases and hospitalizations. Even then, he said, the state will need to be cautious about returning to normal activity. The current order is through April 30.

"You still will only have had a certain percentage, a relatively low percentage in my opinion, maybe less than 20 percent of the public will have been exposed to COVID-19, will have had it and recovered from it. So you wouldn't have heard immunity at that point," he said. "So the question is how do you operate society when we begin to bring down the level of infection and make sure that people are able to begin to go back to work in various industries?"

"So I'm talking to industry leaders about that. I'm talking to economists about that," he said. "I'm also very importantly listening to the scientists and the doctors to make sure that we do this right because what we don't want ... is to begin to open things up, and then have a big spike in infections, and you know unfortunately all the spikes that come with that including a spike of deaths. So we want to make sure we're not doing that while we're also looking at how we can get people back to work."



[Blacks now make up nearly half of COVID-19 deaths in Illinois](#)

April 17, 2020 – *Chicago Crusader*

Blacks now make up almost half of COVID-19 deaths in Illinois as the number of Black cases has quadrupled from last week, according to the latest data from the Illinois Department of Public Health.

Of 794 people in Illinois who have died from COVID-19, 340 or 43 percent were Black.

Blacks make up less than 15 percent of Illinois' 12.6 million people. Last week, 129 Blacks died from COVID-19.

The number of Blacks who are sick from the virus has quadrupled by 212.11 percent, to 5,693 cases from 1,824 in the previous week.

Overall, the number of Black COVID-19 cases makes up 26 percent of Illinois' 22,025 cases.

The number may be much higher as only 18.55 percent of the 105,768 tested for the virus were Black according to state data.

The governor's office on Friday, April 10 released its first breakdown of testing demographic data, gathered from a survey conducted when a person is tested, but demographic data was voluntarily left blank by 61,737 people.

"COVID-19 is putting these long-lasting inequities on display," said Congresswoman Robin Kelly, a Democrat who represents Illinois' 2nd Congressional District in the south suburbs of Chicago and serves as the Congressional Black Caucus Health Braintrust chair. "The adage is true – when they get a cold, we get pneumonia."

IDPH Director Dr. Ngozi Ezike said a number of factors – such as preexisting conditions like high blood pressure and diabetes, which are more prevalent in Black communities – are contributing to the disproportionate impact of COVID-19, making the "horrific" statistics "not totally unexpected."

Ezike and various leaders also said Blacks live in more crowded, multigenerational homes. She said many still must work in public-facing positions because they are essential, yet low-wage workers who cannot afford to take time off.

"We believe that these disparities, or these differences, are the result of injustices, things like redlining (excluding certain neighborhoods from access to financial services), economic disinvestment, less access to health care or health insurance, food insecurity, the list goes on," Dr. Kiran Joshi, co-director of the Cook County Department of Public Health, said in the virtual town hall conference.

Statewide, leaders in Black communities are focusing on local community outreach with trusted organizations, a call for greater testing and data collection, and a focus on promoting available state and local resources.

Some Black leaders downstate are taking a proactive approach in warning their communities that the spread is believed to be wider than what has been confirmed through testing.

Sangamon County had 42 confirmed cases and two deaths as of Friday. For Doris Turner, an alderman in the county seat and state capital of Springfield, that meant recording a video on social media with her great-granddaughter and other family and community members, including a local high school basketball player.

“I think one of the reasons why it’s been impactful is because it is very simple, but it’s also coming from people who the average person can identify with and have contact with and it’s delivered in a manner that people can understand,” she said. “And also it’s being played in venues that people have access to.”

While the constant flow of information from state and public health leaders is important, Turner said, outreach from community and religious leaders can have a greater impact in Black communities.

“In the African-American community, there is just a historical mistrust and fear of those medical and governmental systems,” she said. “So you want to get the information out there that, you know, it is a medical crisis, but then we have to break that down into why it’s important.”

In the tri-county region of Peoria, Tazewell and Woodford counties, there have been 45 confirmed cases and three confirmed deaths as of Friday.

The Reverend Marvin Hightower, president of the Peoria chapter of the NAACP, said local messaging seems to be working, but as the weather warms it will become more important.

Hightower stressed hyperlocal outreach as well, including social networking, Zoom meetings and, much like in Chicago, “working through the various networks that we all have to get the word out.” He said area Democratic state Representative Jehan Gordon-Booth has been vital in the effort.

“It’s a conversation with Black elected leaders, as well as the community members that have been discussing and talking about how important it is for our community to take this virus serious,” he said.

In the jurisdiction of the East Side Health District, which provides health and wellness services to four predominantly Black townships in the Metro East area, including East St. Louis, Canteen, Centreville and Stites townships, there were 34 confirmed cases and six pending tests as of Thursday. The district has recorded three deaths, all African-Americans. Other demographic data in the St. Clair County area were incomplete.

Linda Davis Joiner, a spokeswoman and program director for the district, told the Belleville News-Democrat now is the time to collect more data on COVID-19’s impact to better inform public health initiatives beyond the virus’ spread.

“Hopefully we can do something about it by tracking the statistics. It’s just too disproportionate. We’ve got to figure something out here,” she said. “We can maybe start with some intentionality with this virus since we’re tracking everything else associated with it.”

But experts and leaders agree that a national shortage in testing and a lack of uniform reporting of racial data on a broad level make this effort difficult.

U.S. Representative Kelly and other congressional leaders have called on the U.S. Department of Health and Human Services, “demanding national demographic data for diagnostic testing because the anecdotal evidence has been deeply troubling.” Thus far, however, HHS has not released such data.

“The one thing that we, as well as pretty much everybody else is concerned about, is making sure more tests are available for our area,” Hightower said of the Peoria area, where testing has reached into only the hundreds.

In an appearance with Black leaders during his daily briefing April 10, Governor Pritzker echoed the comments on racial disparities and announced the expansion of testing and new alternate housing options for COVID-positive persons who need to isolate.

The governor said a partnership with Ann and Robert H. Lurie Children’s Hospital of Chicago and four federally qualified health centers on Chicago’s south and west sides will “expand testing in these communities over the next several days to an additional 400 tests per day.”

Three locations in the Metro East region will offer up to 470 swabs per day starting early next week, Pritzker said, and those will be sent to Anderson Hospital in Madison County for testing.

He also announced a state-run south suburban drive-thru testing center will open early next week in the Markham-Harvey area, and it will run “hundreds of tests per day.”

“We must increase testing everywhere,” Pritzker said. “It isn’t just in Chicago, just in Cook County or just in the Black community – everywhere in the state. In fact that is going to be the key for us, getting out of this crisis.”

[How turmoil at the top has affected Cook County's COVID response](#)

April 17, 2020 – *Crain's Chicago Business*

Revenue is taking a pounding. Its jail is a national hot spot of the virus. And Cook County Health is addressing the emergency without a permanent CEO, CFO or head of public health.

Cook County is bearing the brunt of the COVID-19 pandemic in ways that other units of government aren't.

The county, which has prided itself on being the "best house on a bad block" financially, is seeing the economically sensitive taxes it relies on for 65 percent of its revenue taking a massive dip. The jail it runs is a national hot spot of the virus, with more than 600 detainees and staffers testing positive. And its health system—already facing financial headwinds—has tabled revenue-generating elective surgeries to focus on treating COVID patients, some of whom are uninsured. On top of all that, Cook County Health is addressing the emergency without a permanent CEO, CFO or head of public health.

While Mayor Lori Lightfoot and Gov. J.B. Pritzker hold daily news conferences, updating the public on their response with health officials by their side, Cook County Board President Toni Preckwinkle largely stayed behind the scenes until it was announced April 3 that Dr. Terry Mason, the person in charge of the county's COVID-19 response, was removed from the role. Some county insiders have questioned the dismissal in the midst of an outbreak that is infecting thousands of county residents.

All things equal, "this much turnover in leadership at the top of an organization is bad for performance," says Thomas D'Aunno, director of the health policy and management program at New York University's Wagner Graduate School of Public Service. Although he is not familiar with the specifics of Cook County Health, he says turnover can lower morale and slow down decision-making. "In times of crisis, top-level leaders are especially important because they need to make non-routine decisions."

In November, the independent CCH board unanimously dismissed CEO John Jay Shannon. In late February, CFO Ekerete Akpan also exited. Preckwinkle did not give specifics at the time of Shannon's exit, saying there was a greater need for "communication, accountability and transparency," but sources close to the situation say she's made her displeasure known over poor communication about the state of hospital finances.

Shortly after, she moved to give the Cook County Board greater CCH oversight, including the search for a new CEO, riling some members of the health board. On April 3, Cook County Department of Public Health Chief Operating Officer Mason, who manned the COVID-19 response in suburban Cook County, was also dismissed. Though she appointed him, Preckwinkle said it was interim CEO Deb Carey's call. County sources say Carey couldn't have done it without Preckwinkle's say-so.

"I just think you don't change your generals in the middle of a war," Commissioner Stanley Moore said shortly after Mason's exit. Commissioners told Crain's they were not given a detailed explanation. Black commissioners were puzzled that the county would cut someone beloved in Chicago's African American community—which has been hit hardest by the virus—as a mentor to many young physicians and a trusted voice in the media.

"There's no good time for making transitions of high-level positions," Preckwinkle said April 7. "He's somebody who's done a lot of good work on public education and outreach. The critical issues now are operations." She denied any failures on his part that might have endangered public health, but said it was "time for different leadership."

In a statement, Carey likewise declines to discuss personnel changes and expresses "complete confidence" in Mason's replacements, Drs. Kiran Joshi and Rachel Rubin, CCDPH senior medical officers since 2014, "to lead the organization through this pandemic."

Some county insiders agree that Mason—at one time Preckwinkle's choice to serve as CCH CEO, and her appointee at Public Health beginning in 2013—was more equipped to handle day-to-day public health duties but lacked the operational savvy required to respond to a full-blown pandemic. Mason did not respond to requests for comment.

But if Mason had operational shortcomings, that "doesn't mean you fire him during a pandemic," one county health source says. "Quite frankly, most public health officials aren't operational experts." The county could have leveraged its own experts, and "if you're unhappy when the dust settles, make the change then."

Kate Albrecht, assistant professor of public administration at the University of Illinois at Chicago's College of Urban Planning & Public Affairs, says optics are important in such a situation. "In communities that are traditionally underserved, this is an important thing to think about, because the leader being replaced was known for staying connected, championing causes of those communities and thinking about long-term health disparities." Now leaders will have to seamlessly pick up strategy and operations, communicate next steps and build the trust Mason accumulated in the community CCH serves.

While Preckwinkle, commissioners and county health officials expressed confidence in the system's capabilities overall and Carey's "unflappable" leadership, any loss of institutional knowledge can make crisis response more difficult, public health experts say.

Margie Schaps, executive director of Health & Medicine Policy Research who has been following CCH for 30 years, says she has confidence in CCH's deep bench, including Joshi and Rubin. "They're fantastic. They're really strong people, and they've been there for a long time," she says. More than anything, the pandemic is "bringing into stark relief the disinvestment we've made in our public systems."

WHAT'S NEXT

The county must forge ahead. Turmoil at the top aside, close watchers have largely credited Preckwinkle, 73, for serving as a quiet, steady hand.

"Toni is not a grandstander," says Marilyn Katz, a communications strategist and longtime friend of Preckwinkle's. "She is within herself, and never bigger."

Preckwinkle has not joined Pritzker at his must-watch 2:30 briefings since March. "They're the governor's press conferences, and he invites whoever he wants," Preckwinkle says.

Instead, she spends each week on hours-long rotating regular calls with suburban mayors, ministers and commissioners. Except for a brief few days when she self-isolated after a member of her security detail tested

positive for COVID-19, Preckwinkle has made the trip to the county building downtown from the home she shares with her daughter, a nurse working at a dialysis center. Her team has been planning COVID-fallout scenarios since December. It has been more of a nightmare than they imagined, and there have been other stumbles.

The news of the temporary closure of the emergency room at the county's Provident Hospital came the same day as the announcement of Mason's exit, igniting protests from workers who said it would put South Side patients at risk. County officials are reconfiguring the ER to meet social distancing guidelines; it should be reopened April 20, ahead of schedule. Nurses at the county's other hospital, Stroger, joined nationwide protests calling for more personal protective equipment, sick time and hazard pay. Unions representing CCH workers decline to comment further.

Preckwinkle says it's been a struggle to scour for PPE and compete with other governments. Echoing the mayor's and governor's complaints, she says the disorganized federal response has left "local units of government to fend for themselves."

The county's jail, whose health services are also managed by Cook County Health, is another flashpoint. A New York Times analysis singled it out as the nation's top hot spot for COVID's spread earlier this month. Although Sheriff Tom Dart says they have been working to quarantine detainees and, with the help of the county's other criminal justice officials, have reduced the jail population by thousands since 2016, a judge has ordered him to provide more sanitary protections. Dart credits Preckwinkle for delivering help when needed, including two of the coveted Abbott Labs rapid COVID tests, then staying out of his way. Health staffing will continue to be a challenge.

Not far down the road are concerns about county finances. With a workforce largely confined to home and growing pressures on safety-net services, the true test will come in May, Preckwinkle says. She won't speculate about layoffs or program eliminations and has demanded more federal help.

Cook has a little over two months in reserves, solid bond ratings and the ability to draw on a \$100 million line of credit, but it relies heavily on sales, amusement and hotel taxes. The hospital system has stopped elective surgeries, a crucial source of revenue.

Amid the war, have there been any battles won? The government has continued to operate, and "so far, we're not overwhelmed" at the hospitals, Preckwinkle says, calling it a "minor miracle."

"I mean, it's odd to describe it as a victory when you're on your knees, but at least you're not flat on the floor."

THE NEW YORKER

[The Black Plague](#)

April 16, 2020 – *New Yorker*

The old African-American aphorism “When white America catches a cold, black America gets pneumonia” has a new, morbid twist: when white America catches the novel coronavirus, black Americans die.

Thousands of white Americans have also died from the virus, but the pace at which African-Americans are dying has transformed this public-health crisis into an object lesson in racial and class inequality. According to a Reuters report, African-Americans are more likely to die of covid-19 than any other group in the U.S. It is still early in the course of the pandemic, and the demographic data is incomplete, but the partial view is enough to prompt a sober reflection on this bitter harvest of American racism.

Louisiana, with more than twenty-one thousand reported infections, has the largest number of coronavirus cases outside of the Northeast and the Midwest. When the state’s governor, John Bel Edwards, announced recently that it would begin to provide data about the racial and ethnic breakdowns of those who have died, he included the grim acknowledgement that African-Americans, thirty-three per cent of Louisiana’s population, comprise seventy per cent of the dead.

The small city of Albany, Georgia, two hundred miles south of Atlanta, was the site of a heroic civil-rights standoff between the city’s black residents and its white police chief in the early nineteen-sixties. Today, more than twelve hundred people in the county have confirmed covid-19 cases, and at least seventy-eight people have died. According to earlier reports, eighty-one per cent of the dead are African-American.

In Michigan, African-Americans make up fourteen per cent of the state’s population, but, currently, they account for thirty-three per cent of its reported infections and forty per cent of its deaths. Twenty-six per cent of the state’s infections and twenty-five per cent of deaths are in Detroit, a city that is seventy-nine per cent African-American. covid-19 is also ravaging the city’s suburbs that have large black populations.

The virus has shaken African-Americans in Chicago, who account for fifty-two per cent of the city’s confirmed cases and a startling seventy-two per cent of deaths—far outpacing their proportion of the city’s population.

As many have already noted, this macabre roll call reflects the fact that African-Americans are more likely to have preëxisting health conditions that make the coronavirus particularly deadly. This is certainly true. These conditions—diabetes, asthma, heart disease, and obesity—are critical factors, and they point to the persistence of racial discrimination, which has long heightened black vulnerability to premature death, as the scholar Ruthie Wilson Gilmore has said for years. Racism in the shadow of American slavery has diminished almost all of the life chances of African-Americans. Black people are poorer, more likely to be underemployed, condemned to substandard housing, and given inferior health care because of their race. These factors explain why African-Americans are sixty per cent more likely to have been diagnosed with diabetes than white Americans, and why black women are sixty per cent more likely to have high blood pressure than white women. Such health disparities are as much markers of racial inequality as mass incarceration or housing discrimination.

It is easy to simply point to the prevalence of these health conditions among African-Americans as the most important explanation for their rising death rates. But it is also important to acknowledge that black vulnerability is especially heightened by the continued ineptitude of the federal government in response to the coronavirus. The mounting carnage in Trump's America did not have to happen to the extent that it has. covid-19 testing remains maddeningly inconsistent and unavailable, with access breaking down along the predictable lines. In Philadelphia, a scientist at Drexel University found that, in Zip Codes with a "lower proportion of minorities and higher incomes," a higher number of tests were administered. In Zip Codes with a higher number of unemployed and uninsured residents, there were fewer tests. Taken together, testing in higher-income neighborhoods is six times greater than it is in poorer neighborhoods.

Inconsistent testing, in combination with steadfast denials from the White House about the threat of the virus, exacerbated the appalling lack of preparation for this catastrophe. With more early coordination, hospitals might have procured the necessary equipment and staffed up properly, potentially avoiding the onslaught that has occurred. The consequences are devastating. In the Detroit area, where the disease is surging, about fifteen hundred hospital workers, including five hundred nurses at Beaumont Health, Michigan's largest hospital system, are off of the job with symptoms of covid-19. Early in the crisis, at New York City's Mount Sinai Hospital, nurses were reduced to wearing garbage bags for their protection. Across the country, health-care providers are being asked to ration face masks and shields, dramatically raising the potential of their own infection, and thereby increasing the strain on the already overextended hospitals.

The early wave of disproportionate black deaths was hastened by Trumpian malfeasance, but the deaths to come are the predictable outcome of decades of disinvestment and institutional neglect. In mid-March, Toni Preckwinkle, the president of the Cook County Board in Illinois, which encompasses Chicago, lamented the covid-19 crisis and proclaimed that "we are all in this together," but, weeks later, she closed the emergency room of the public Provident Hospital in the predominantly black South Side. Preckwinkle claimed that the closure would last for a month and was a response to a single health-care worker becoming infected with the virus. Leave aside the fact that nurses, doctors, and other health-care workers have been testing positive for covid-19 across the country, and their facilities have not been shuttered. It is a decision that simply could not have been made, in the midst of a historic pandemic, in any of the city's wealthy, white neighborhoods on the North Side.

Meanwhile, in Cook County Jail, three hundred and twenty-three inmates and a hundred and ninety-six correctional officers have tested positive for covid-19. Not only have officials not closed the county jail as a result but they also have yet to release a significant number of jailed people, even though the facility has the highest density of covid-19 cases in Chicago. These are the kinds of decisions that explain why there is a thirty-year difference in life expectancy—in the same city—between the black neighborhood of Englewood and the white neighborhood of Streeterville. They are also just the latest examples of the ways that racism is the ultimate result of the decisions that government officials make, regardless of their intentions. Preckwinkle is African-American, and the chairperson of the Cook County Democratic Party, but her decisions regarding Provident Hospital and Cook County Jail will still deeply wound African-Americans across Chicago.

The rapidity with which the pandemic has consumed black communities is shocking, but it also provides an unvarnished look into the dynamics of race and class that existed long before it emerged. The most futile conversation in the U.S. is the argument about whether race or class is the main impediment to African-American social mobility. In reality, they cannot be separated from each other. African-Americans are suffering through this crisis not only because of racism but also because of how racial discrimination has tied them to the bottom of the U.S. class hierarchy.

Since emancipation, racism has underwritten black economic hardship. That hardship is expressed through the concentration of African-Americans in low-wage jobs—many of which are now ironically designated “essential.” According to a report in the Times, Annie Grant, a fifty-five-year-old black woman who worked at the Tyson Foods poultry plant in Camilla, Georgia, said that she was suffering from fevers and chills, and she told her children that she was ordered to return to work despite exhibiting symptoms of the virus. Earlier this month, she died from covid-19. Two more workers at the plant have died, and others have complained about the lack of protective equipment and the difficulty of social distancing there, but Tyson has kept it open. (A spokesperson for Tyson Foods has said that the company has instituted safeguards for employees, including “an adequate supply of protective face coverings for production workers.”) When Vice-President Mike Pence spoke about the role of low-wage, essential work amid a widening outbreak in food-processing plants, he said, “You are giving a great service to the people of the United States of America, and we need you to continue, as a part of what we call critical infrastructure, to show up and do your job.”

The intersecting threats of hunger, eviction, and unemployment drive poor and working-class African-Americans toward the possibility of infection. Fewer than twenty per cent of African-Americans have jobs that allow them to work at home. Black workers are concentrated in public-facing jobs, working in mass transit, home health care, retail, and service, where social distancing is virtually impossible. And then there is the concentration of African-Americans in institutions where social distancing is impossible, including prisons, jails, and homeless shelters. African-Americans make up the majority of the incarcerated and the homeless. Forty-six per cent of African-Americans perceive covid-19 as a “major threat” to their health, and yet race and class combine to put black people in danger. These numbers are the crisis wrapped inside of the pandemic.

Poverty, in turn, reinforces ideological assumptions about race. When working-class black neighborhoods have high rates of substandard housing and poor maintenance, and black communities suffer from poor diets and widespread obesity, these characteristics are conflated with race. Racializing poverty helps to distract from the systemic factors at the foundation of both racial and economic inequality. Instead, there is an overabundance of attention placed on the diagnosis and repair of supposedly damaged African-Americans. On April 10th, Trump’s Surgeon General, Jerome Adams, who is black, instructed African-American and Latino communities to avoid alcohol, tobacco, and drugs during the pandemic. In a familiar paternalistic ode, Adams advised, “We need you to do this, if not for yourself, then for your abuela. Do it for your granddaddy. Do it for your big mama. Do it for your pop-pop.” He added, “We need you to step up.”

These remarks were a reminder of how the focus on the comorbidities accompanying covid-19, such as diabetes and hypertension, can be easily transformed into discussions about the dietary and exercise habits of the black working class. But that is an irresponsibly one-sided discussion, one that ignores the comorbidities of food deserts, the diminishing returns of food stamps, and the depression and alienation that blanket poor and working-class black neighborhoods. It is not the absence of willpower that is fuelling the pandemic’s deadly effects in black communities. And the disproportionate impact of the virus is not caused by a language barrier requiring that African-Americans be spoken to with “targeted language,” as Adams later explained.

Adams’s remarks were also a reminder that, even when poverty is not the issue, racism or racially inflected assumptions about African-Americans influence the ways that they are cared for within the health-care industry. Not only are black women three times more likely to die in childbirth than white women are but college-educated black women’s mortality rates in childbirth are higher than those of white women with just a high-school degree. The stereotypes of African-Americans as fat and lazy, carefree and reckless, impetuous, irresponsible, and ultimately undeserving, are absorbed into the consciousness of the general public, health-care providers among them. These stereotypes are rooted in misperceptions of poor and working-class black life, but, because race is widely seen as biologically based in our society, including by doctors, they are

assumed to be characteristics inherited by all black people. In a series of studies published in 2017, researchers found “an implicit preference for white patients, especially among white physicians.” Another study found that doctors believed that white patients were more medically cooperative than African-American patients. A 2016 study of medical students and residents found that almost half of them believe that there are biological differences between black bodies and white bodies—including the false notion that the nerve endings of black people are less sensitive than those of whites. These findings may give some insight into a more recent study that showed that black patients were forty per cent less likely to receive medication to ease acute pain.

Discrimination against African-American patients is so embedded in health-care practices that a national study found that, even when hospitals and insurers relied on an algorithm to manage care, African-American patients received on average eighteen hundred dollars less of care per year than white patients with the same chronic health conditions. African-Americans had to be sicker than whites before they were referred for more specialized help. It’s not just poverty that leads to misdiagnoses and inconsistent care; it is also deeply embedded assumptions that black bodies are damaged and, thus, disposable.

It’s not just Trump appointees who make condescending or ignorant statements. Even a liberal stalwart like Chicago’s mayor, Lori Lightfoot, is not immune to fixating on perceptions of black complicity in poor health outcomes. In response to the reporting on black deaths from the coronavirus, Lightfoot said, “Now, we’re not going to be able to erase decades of health disparities in a few days or a week, but we have to impress upon people in these communities that there are things they can do—there are tools at their disposal that they can use to help themselves, but we have to call this out as it is and make sure we’ve got a very robust, multitiered response now and going forward, and we will.”

What are the “tools” at the disposal of black communities in Chicago that would allow them to “help themselves” out of the covid-19 crisis? Lightfoot did not elaborate, but this sounds like loaded language that shifts the blame for black health disparities onto the segregated black neighborhoods of Chicago. Lightfoot’s comments underestimate the difficulty of achieving good health and wellness while also combatting the forces of underemployment, evictions, and police violence—all of which define much of working-class black life in Chicago. The over-all unemployment rate for young black men and women in Chicago is thirty-seven per cent, compared with six per cent for their white peers. It is certainly easier to promote these mysterious “tools” than it is to confront the decades-long crisis of disinvestment and unemployment in the city, but that is actually what is necessary to change these circumstances.

There is an additional consequence of letting the coronavirus crisis lapse into a narrow focus on the personal choices of African-Americans. The assumption that if African-Americans just change their personal behavior then they can join the ranks of the fit and healthy ignores the systemic issues that have created a general crisis of health and wellness and access to medical care in the United States. The problem that black people face is not just one of exclusion from adequate health care, with inclusion as the cure. Simply calling for “equal access” can reinforce the perception that the problem is one of exclusion alone, when the deeper problem is U.S. society itself.

When James Baldwin, in his searing 1963 book “The Fire Next Time,” posed the question of whether African-Americans should integrate into the “burning house” of the United States, he argued that the question demanded a deeper look into U.S. society. Baldwin wrote, “White people cannot, in the generality, be taken as models of how to live. Rather, the white man is himself in sore need of new standards, which will release him from his confusion and place him once again in fruitful communion with the depths of his own being. And I

repeat: The price of the liberation of the white people is the liberation of the blacks—the total liberation, in the cities, in the towns, before the law, and in the mind.”

Racism has meant that most African-Americans suffer to greater degrees than most white Americans. But, in the past several years, there have been multiple reports showing that the life expectancy for the average white person has gone in reverse. This does not normally happen in the developed world. But, in this country, this phenomenon is driven by alcoholism, opioid abuse, and suicide. Far from white privilege, this is white pathos.

Unequal access to health care may be important in the immediate context of the pandemic, but this alone doesn't tell us much about the general crisis with for-profit health care in the United States. It also doesn't tell us much about the larger social crises in the U.S. that underwrite the particular health-care problems of African-Americans and white Americans. A glimpse into those larger crises was provided by the United Nations in 2017, when its investigators interviewed people in several cities about poverty in the United States. The report concluded that “the United States already leads the developed world in income and wealth inequality, and it is now moving full steam ahead to make itself even more unequal. . . . High child and youth poverty rates perpetuate the intergenerational transmission of poverty very effectively, and ensure that the American dream is rapidly becoming the American illusion.” The U.S. has the highest youth and infant mortality rates among wealthy countries. U.S. citizens live “shorter and sicker” lives than those of other prosperous democratic nations.

When public officials lament the way that covid-19 is engulfing black communities, the larger question is, what are they prepared to do about it? The immediate answer should be the rapid expansion of Medicaid and Medicare. But access to health care is only one small piece of the dynamic that compromises the health of African-Americans. Good health-care practice must also include relief from the threat and stress of evictions. Black women constitute about forty-four per cent of those who are evicted from their homes in urban areas; as a result, they disproportionately experience homelessness and depression and, in extreme cases, commit suicide. Good health care means higher-paying jobs that allow black women and their families to worry less about monthly bills and the costs of child care and education. Black women in Louisiana, the state where African-Americans face the highest mortality rates from covid-19, make forty-seven cents to every dollar made by white men.

We periodically endure national crises that force us to look at the poverty and inequality that exist all around us. We hear those in power, including elected officials, breathlessly discuss the shameful conditions that produce these outcomes, but they pledge little in terms of specific policies and concrete actions to reverse them. Trump says that the higher rates of black death are “a tremendous challenge. . . . We want to find the reason to it.” Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, who dutifully accompanies Trump to his press briefings, provided an explanation that included existing health problems, but, Fauci concluded, “There is nothing we can do about it right now except to give them the best possible care and to avoid complications.”

Expressions of concern, well wishes, and promises of “a very robust multitiered response” sound good at press conferences. But many elected officials who tell us that they mean well are so trapped by a prevailing hostility to spending in order to rebuild the public sector that they are unable to reach actual solutions. In the midst of this surging pandemic, the mayor of Philadelphia, Jim Kenney, a Democrat, recently announced a round of budget cuts and reduced services, saying, “It's not going to be easy, and it's not going to be pleasant . . . but, at the end of it, we need a balanced budget.” Philadelphia is the poorest of the large American cities where African-Americans are suffering the most from the covid-19 outbreak. And, at just the moment when many

are highlighting the ways that inequality and our poor civic infrastructure are failing the public—especially the black public—the mayor has announced “unpleasant” budget cuts.

It’s not just Philadelphia. For decades, across the country, cities large and small have been committed to a development model that prioritizes attracting private corporations with promises of tax relief while neglecting to invest heavily in public institutions. Instead, public hospitals have been closed, public housing has been detonated or left in disrepair, public schools have been starved of investment, and public health clinics have been shuttered. Even as the horrifying consequences of these political choices during the covid-19 epidemic appear in news stories across the country, elected officials have no meaningful plans to change course.

Knowledge alone about these health disparities and the racism in which they are rooted will not be enough to inspire action by elected officials or government entities. When Hurricane Katrina exposed the brutal racism of the Gulf Coast, it did not lead to a new regime of robust investments in the public sector or an infusion of high-paying jobs to pull African-Americans out of poverty. Instead, corporate vultures and their public enablers forced the closure of nearly all of the city’s public schools, which were “auctioned off” to charters. The New Orleans City Council voted unanimously to tear down public housing undamaged by the hurricane. And tens of thousands of black New Orleanians were given one-way tickets out of the city, and then disparagingly referred to as “refugees” in their own country. Unless public spending is restored and coupled with access to high-paying employment, preventive and emergency health care, and safe, secure, and affordable housing, then it is hard to take seriously the expressions of outrage at the poverty and racism in this country.

In the past month, we have seen that it is possible for local and national governments to act in ways that protect people. The federal government has suspended interest and collection of federal student-loan payments until September, and the Department of Housing and Urban Development has declared a moratorium on foreclosures and evictions of government-insured mortgages. Some cities and states have halted evictions from rental properties, and municipalities across the country have released thousands of people from jails and prisons. Local law enforcement has pledged not to make arrests for misdemeanor offenses. In Detroit, officials pledged to stop turning people’s water off when they can’t pay their bills. If all of these actions are possible in a national emergency, because we believe that they will mitigate people’s vulnerability to disease and death, then why can’t this always be the standard? After all, when is it ever a good time to turn off someone’s access to potable water? One cannot continue to decry the rising rates of black death while preparing to change not a single thing about our failing political and economic systems.

The difficulty in making these decisions is not only about a lack of political will. In 1968, during another period of social upheaval, Martin Luther King, Jr., explained that the power of the black movement lies not only its capacity to fight for the rights of African-Americans but in its revelation of the “interrelated flaws” of American society, including “racism, poverty, militarism, and materialism.” The “black revolution,” King continued, has the power to expose “the evils that are rooted deeply in the whole structure of our society. It reveals systemic rather than superficial flaws and suggests that radical reconstruction of society itself is the real issue to be faced.”

Even when the flaws in our society are so easy to point out, resolving them comes into immediate conflict with the very basic assumptions of governance in the country today. Repairing the deep, historical, and continuing harm done to black people will require deep, abiding transformations. It was true when King wrote these words, more than a half century ago, and it has never been truer than it is today. To fulfill the promise that black lives matter, the United States must change in systemic and not superficial ways.

[Recovering and can't isolate? Cook County has rooms.](#)

April 15, 2020 – *Crain's Chicago Business*

Cook County is providing temporary housing to residents—including the homeless—who can't safely isolate at home while recovering from COVID-19.

The county has secured 400 beds at four hotels so far and has contracts ready with others should the need increase.

More than 10,000 rooms at 70 hotels across the state have been secured to house COVID-19 patients who don't need to be hospitalized, Illinois Emergency Management Agency Director Alicia Tate-Nadeau said during a press conference today. As of Monday, 209 people were using rooms.

While local officials have asked residents to stay home and keep 6 feet away from others, they acknowledge that's not an option for everyone.

"We are taking a health equity approach to ensure our most vulnerable residents have quality, safe spaces to quarantine or isolate under the stay-at-home order," Dr. Kiran Joshi, a senior medical officer for the Cook County Department of Public Health, said in a statement. "We expect this intervention to be particularly beneficial to residents from the south and west suburbs, where we are seeing the highest rates of illness, hospitalizations and deaths."

Patients will be screened to confirm their need for the housing. Officials also are working to expand the program to cover health care professionals and first responders who require temporary housing, Joshi said during the press conference.

All Chicago and suburban Cook County hospitals will be made aware of the program so they can refer patients who qualify.

The program was announced by Cook County Board President Toni Preckwinkle, the Illinois Emergency Management Agency, the Cook County Department of Public Health and the Cook County Department of Emergency Management & Regional Security.

Meanwhile, officials believe the county has reached its peak of COVID-19 cases.

"It seems to be that our new cases—and the number of new cases reported each day and the number of new deaths reported each day—have leveled out and are even decreasing a little bit throughout Cook County and the city. That's good news," Dr. Rachel Rubin, who is co-leading the county's public health response, said during the press conference. "The tapering off will take a matter of several weeks. We won't be on the downward slope for, I would say, a month or so." After that, she said, health departments will have to focus again on aggressive contact tracing to "mitigate the next surge."

Chicago Tribune

[Preckwinkle announces alternative housing program for Cook County coronavirus patients, soon for health care workers and first responders](#)

April 15, 2020 – *Chicago Tribune*

Cook County Board President Toni Preckwinkle announced at a news conference Wednesday an alternative housing plan that will provide temporary accommodations for populations most vulnerable during the COVID-19 pandemic.

Preckwinkle said the alternative housing plan will be implemented in multiple phases, beginning with support for patients who have tested positive for COVID-19 and require temporary housing to properly self-isolate. The county already has secured roughly 400 hotel rooms and is prepared to acquire more, she said.

“Qualifying participants in the program may include the homeless, the housing insecure or those who do not have a separate room and bathroom to safely isolate at home,” Preckwinkle said. “Additionally, we’re finalizing details to help ensure that essential health workers, first responders and those who are confirmed with exposure to the virus have an alternate place to stay if they need it — in order to protect their family at home, while also decreasing the rate of community spread.”

Beginning Wednesday, hospitals in Chicago and suburban Cook County will be notified that the program can accommodate medically stable patients recovering from COVID-19. **If an individual being discharged from a hospital identifies as someone who cannot safely self-isolate at home, the hospital may call a Cook County Department of Public Health hotline, which will assist in connecting patients to housing support.**

Bill Barnes, the executive director of the county’s Department of Emergency Management and Regional Security, said Cook County officials will work in coming weeks to finalize a plan to expand alternative housing to accommodate health care workers and first responders as well.

Barnes said the county’s current contracts with hotels are signed but largely will remain dormant until need for temporary housing arises. “We don’t want to be paying for hundreds or thousands of hotel rooms that we don’t need. We want to stand them up just in time as the need develops,” he said.

Alicia Tate-Nadeau, the director of the Illinois Emergency Management Agency, said Cook County’s plan aligns with the state’s request that each county and jurisdiction prepare its own emergency housing plan. If Cook County’s needs eventually overwhelm its emergency housing capacity, “we’re here with over 10,000 beds and hotel rooms throughout the entire state to be able to backstop that,” Tate-Nadeau said.

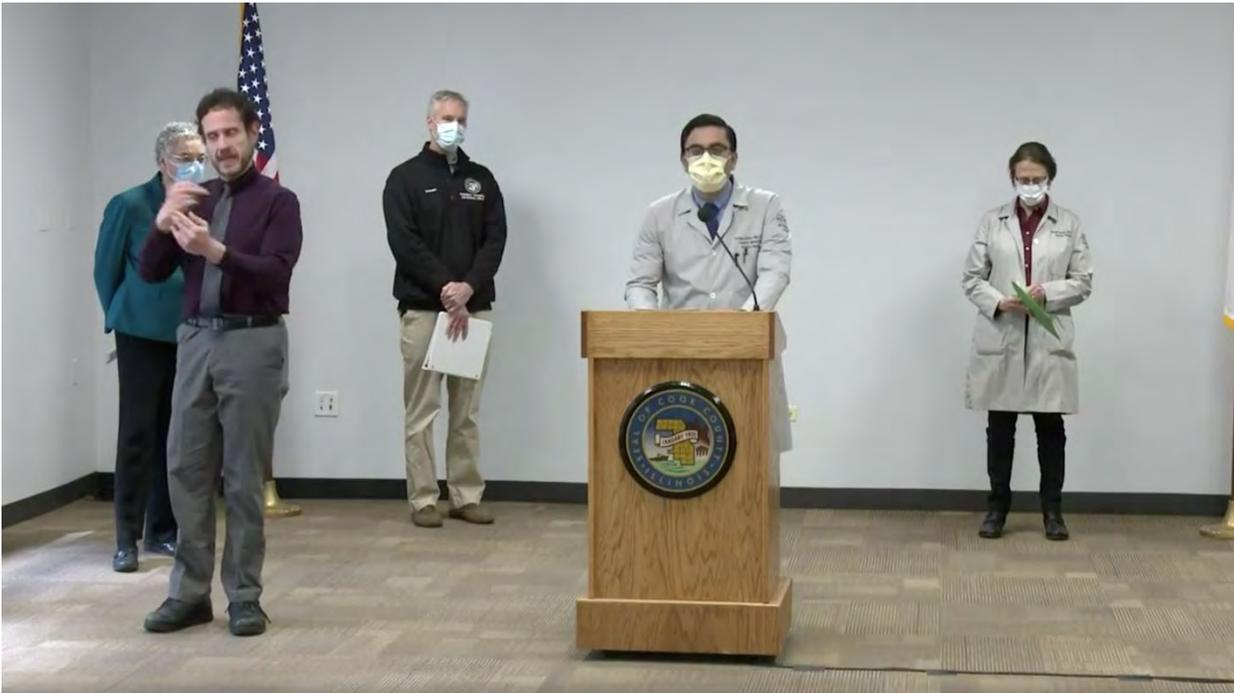
Kiran Joshi, a co-leader of the Cook County Department of Public Health, cited recent statistics indicating that African American communities in suburban Cook County and Illinois have suffered disproportionately high fatalities from COVID-19. The county’s new alternative housing plan will help address such disparities, he said.

“We suspect that additional contributing factors here are higher rates of poverty and multi-generational housing. No one can effectively self-isolate at home if they don’t have the space to do so,” Joshi said.

“Therefore we expect this intervention to be particularly beneficial to residents from the south and west suburbs, where we’re seeing the highest rates of illness, hospitalizations and deaths from COVID-19.”

[Cook County Board President Toni Preckwinkle, emergency management officials discuss COVID-19 Alternative Housing program](#)

April 15, 2020 – WGN 9 Chicago



President Preckwinkle, Dr. Rachel Rubin and Dr. Kiran Joshi speak at a press conference about the new alternative housing program for suburban Cook County residents who can't safely isolate at home while recovering from COVID-19.



Experts examine virus' disproportionate impact on black communities

April 13, 2020 – *Daily Journal*

While African Americans make up just less than 15 percent of Illinois' population, they account for approximately 43 percent of the state's COVID-19 fatalities and 28 percent of its confirmed cases, according to the Illinois Department of Public Health.

In a virtual town hall meeting on the issue last week, state public health and African American community leaders agreed that COVID-19 is not creating, but is laying bare longstanding public health disparities along racial lines.

"COVID-19 is putting these long-lasting inequities on display," said Congresswoman Robin Kelly, a Democrat who represents Illinois' 2nd Congressional District in the south suburbs of Chicago and serves as the Congressional Black Caucus Health Braintrust chair. "The adage is true – when they get a cold, we get pneumonia."

IDPH Director Dr. Ngozi Ezike said a number of factors — such as pre-existing conditions like high blood pressure and diabetes, which are more prevalent in black communities — are contributing to the disproportionate impact of COVID-19, making the "horrific" statistics "not totally unexpected."

Ezike and various leaders also said African-Americans often live in more crowded, multigenerational homes, and many still must work in public-facing positions because they are essential yet low-wage workers who cannot afford to take time off.

"We believe that these disparities, or these differences, are the result of injustices, things like redlining (excluding certain neighborhoods from access to financial services), economic disinvestment, less access to health care or health insurance, food insecurity, the list goes on," Dr. Kiran Joshi, co-director of the Cook County Department of Public Health, said in the virtual town hall.

While Joshi said there is an "increasing understanding" in public health and government that the underlying reason for such disparities is "structural racism," he noted, "No single local public health department or health care organization or elected official could do this on their own."

For leaders throughout African American communities statewide, current efforts are focusing on local community outreach with trusted organizations, a call for greater testing and data collection, and a focus on promoting available state and local resources.

On Friday, April 10, Gov. JB Pritzker announced plans for greater testing and available alternative housing in black communities as well.

[Experts, community leaders examine coronavirus' devastating impact on black communities](#)

April 13, 2020 – *Belleville News-Democrat*

While African-Americans make up just less than 15 percent of Illinois' population, they account for approximately 43 percent of the state's 596 COVID-19 fatalities and 28 percent of its 17,887 confirmed cases, according to the Illinois Department of Public Health.

In a virtual town hall meeting on the issue earlier this week, state public health and African-American community leaders agreed that COVID-19 is not creating, but is laying bare longstanding public health disparities along racial lines.

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'WITH BLACK COMMUNITIES, NOT FOR BLACK COMMUNITIES'

In Chicago, where the deaths are greatest and the racial disparity appears to be the largest, nearly 70 percent of recorded COVID-19 deaths were in African-Americans as of earlier this week, according to reports from WBEZ-FM radio and the Chicago Tribune.

Sophia King, an alderman in the nation's third-largest city, said in order to address longstanding inequities, "we have to identify all of those buckets of disparity and turn them on their head."

"We know kind of where this is impacting our communities, what communities have been impacted," she said. "We need to pour resources of testing into those communities, we need to make sure that those communities are marketed to well, we need to make sure that those communities have the access to health care that they need."

Candace Moore, Chicago's chief equity officer, said while the city has been advocating widely for the stay-at-home order, more targeted outreach to the African-American community is needed. The city launched a racial equity rapid response team this week to lead the hyperlocal effort.

"I think one of the core tenets that we think about as we approach this is we have to have conversations with black communities, not for black communities," she said.

That includes working with community organizations and using two-way communication to learn what efforts and resources might be needed in individual communities.

She said some topics could include the importance of social distancing as it pertains to buying groceries and to someone who still goes to work at a public-facing job, as well as what protections are necessary for those who live in crowded homes.

'HISTORICAL MISTRUST AND FEAR'

Of the 596 recorded deaths from the virus in Illinois, 398 — or 67 percent — are in Chicago and Cook County, while 152 are in the collar counties of Will, Lake, Kane, McHenry and DuPage. That means only 46 deaths have been recorded outside of the Chicago area.

Still, downstate African-American community leaders are taking a proactive approach in warning their communities of the dangers of the virus, in large part because the spread is believed to be wider than what has been confirmed through testing.

Sangamon County had 42 confirmed cases and two deaths as of Friday. For Doris Turner, an alderman in county seat and state capital Springfield, that meant recording a video on social media with her great-granddaughter and other family and community members, including a local high school basketball player.

"I think one of the reasons why it's been impactful is because it is very simple, but it's also coming from people who the average person can identify with and have contact with and it's delivered in a manner that people can understand," she said. "And also it's being played in venues that people have access to."

While the constant flow of information from state and public health leaders is important, she said, outreach from community and religious leaders can have a greater impact in black communities.

"In the African-American community, there is just a historical mistrust and fear of those medical and governmental systems," she said. "So you want to get the information out there that, you know, it is a medical crisis, but then we have to break that down into why it's important."

In the tri-county region of Peoria, Tazewell and Woodford counties, there had been 45 confirmed cases and three confirmed deaths as of Friday.

The Rev. Marvin Hightower, president of the Peoria chapter of the NAACP, said local messaging seems to be working, but as the weather warms it will become more important.

Hightower stressed hyperlocal outreach as well, including social networking, Zoom meetings and, much like in Chicago, “working through the various networks that we all have to get the word out.” He said area Democratic state Rep. Jehan Gordon-Booth has been vital in the effort.

“It’s a conversation with black elected leaders, as well as the community members that have been discussing and talking about how important it is for our community to take this virus serious,” he said.

LACK OF DATA

While racial data on deaths is sparse and decentralized, Chicago and Illinois do not appear to be alone in the disparities. Other Midwest cities such as Milwaukee and Detroit are seeing similar disproportionate impacts, according to Propublica, and The New York Times.

In the jurisdiction of the East Side Health District, which provides health and wellness services to four predominantly black townships in the metro-east area, including East St. Louis, Canteen, Centreville and Stites townships, there were 34 confirmed cases and six pending tests as of Thursday. The district has recorded three deaths, all in African-Americans. Other demographic data in the St. Clair County area were incomplete.

Linda Davis Joiner, a spokeswoman and program director for the district, told the Belleville News-Democrat now is the time to collect more data on COVID-19’s impact to better inform public health initiatives beyond the virus’ spread.

“Hopefully we can do something about it by tracking the statistics. It’s just too disproportionate. We’ve got to figure something out here,” she said. “We can maybe start with some intentionality with this virus since we’re tracking everything else associated with it.”

But a national shortage in testing and a lack of uniform reporting of racial data on a broad level make this effort difficult, experts and leaders agree.

U.S. Rep. Kelly and other congressional leaders have called on the U.S. Department of Health and Human Services, “demanding national demographic data for diagnostic testing because the anecdotal evidence has been deeply troubling.” Thus far, however, HHS has not released such data.

On Friday, the governor’s office released its first breakdown of testing demographic data gathered from a survey conducted when a person is tested, but demographic data was voluntarily left blank in about half of the 87,527 people tested. Otherwise, 25 percent of tests were conducted in white people, 13 percent in black people, 4 percent in Hispanic people and 2 percent in Asian people.

It is also widely accepted that the virus’ spread is much broader than the confirmed cases depict, as testing has fallen short nationally and the state tests about only 6,000 people daily. That’s short of the 10,000 daily goal set by state officials, who have said the state cannot adequately track the virus’ spread and trace contacts of confirmed cases without hitting that number.

“The one thing that we, as well as pretty much everybody else is concerned about, is making sure more tests are available for our area,” Hightower said of the Peoria area, where testing has reached into only the hundreds.

NEW DEVELOPMENTS

In an appearance with black leaders during his daily briefing Friday, Pritzker echoed the comments on racial disparities and announced the expansion of testing and new alternate housing options for COVID-positive persons that need to isolate.

The governor said a partnership with Ann and Robert H. Lurie Children’s Hospital of Chicago and four federally qualified health centers on Chicago’s south and west sides will “expand testing in these communities over the next several days to an additional 400 tests per day.”

Three locations in the metro-east region will offer up to 470 swabs per day starting early next week, Pritzker said, and those will be sent to Anderson Hospital in Madison County for testing.

He also announced a state-run south suburban drive-thru testing center will open early next week in the Markham-Harvey area, and it will run “hundreds of tests per day.”

“We must increase testing everywhere,” Pritzker said. “It isn’t just in Chicago, just in Cook County or just in the black community – everywhere in the state. In fact that is going to be the key for us, getting out of this crisis.”

Pritzker also noted alternate housing will be available for people who need isolation, such as those living in multigenerational homes.

These rooms will be available to residents who tested positive for COVID-19 but do not require hospital-level care or who need social distancing as a precautionary measure. These rooms will also be available to medical professionals and first responders and can be accessed through local health departments.

Pritzker said previously the state has also planned the reopening of recently-closed health care facilities in black communities to ensure access to care as well.

A NEW CORONAVIRUS TESTING SITE IS SET TO OPEN IN EAST ST. LOUIS

State Sen. Chris Belt, D-Cahokia, and State Rep. LaToya Greenwood, D-East St. Louis, on Saturday announced the opening of a new COVID-19 testing site at the Windsor Health Center, 100 N. Eighth St.

In a joint statement, Belt and Greenwood announced through a partnership with the Southern Illinois Healthcare Foundation system that three testing locations will offer 470 test swabs per day. Test swabs will be sent to Anderson Hospital in Madison County for processing.

The other two sites have yet to be announced. “This pandemic has exposed the harsh and grim reality of subpar healthcare that has led to glaring comorbidity rates for citizens residing in impoverished communities, particularly for African Americans. Access to quality healthcare must be a right of every single person in this country, no matter their socioeconomic status or zip code,” Belt said.

“The governor listened to our request and he answered in making sure the citizens in East St. Louis and the surrounding communities received the necessary resources in obtaining access, testing and treatment during this crisis,” Greenwood added.

[Illinois Playbook](#)

April 13, 2020 – *Politico*

Cook County Board President Toni Preckwinkle also expects Illinois' return to normalcy to be slow.

Once the state hits its peak, "that would mean that a month after that, we'd be where we were when we even initiated shelter in place. So, we have a ways to go, but I'm hopeful," she told Playbook.

Preckwinkle spoke after wrapping up a brief period of self-isolating after a member of her protection detail tested positive for the coronavirus on March 27.

During her time in self isolation she worked at home and stayed on top of business through phone calls and videoconferencing. This followed the recent firing of Dr. Terry Mason as head of the county's health department.

Preckwinkle has praised Mason, saying he was a "very good educator" in terms of informing the African American community about how to avoid the virus. But she says she needed stronger operational leadership during the Covid-19 crisis. She hired doctors Rachel Rubin and Kiran Joshi as co-leaders of the County Health Department and formally introduced them at a weekend press conference. Video of the presser [here](#)

The move came after the emergency room at Provident Hospital was closed following a health care worker testing positive for coronavirus.

While Covid-19 has put a spotlight on the disparities of health care for minority communities, it's been on Preckwinkle's radar for years. The five-year plan she issued in 2018 called attention to it.

"I'm hopeful that it's a challenge that will be addressed," she told Playbook.

Chicago Tribune

[Preckwinkle says interim Cook County health chiefs 'understand the unique set of challenges' in inequities highlighted by coronavirus pandemic](#)

April 12, 2020 – Chicago Tribune



Cook County President Toni Preckwinkle, center, announces, April 11, 2020, that Dr. Rachel Rubin, third from left and Dr. Kiran Joshi, second from right, will lead the county's response to COVID-19.

Cook County President Toni Preckwinkle talked about hospital capacity and racial disparities in COVID-19 outcomes on Saturday during a press conference in which she introduced permanent replacements for departed county public health chief Dr. Terry Mason.

Mason, a key player in the coordination of the response to the COVID-19 pandemic, was fired earlier this month after seven years on the job. Dr. Kiran Joshi and Dr. Rachel Rubin, who had replaced Mason on an interim basis, have been given the jobs permanently.

“Here at Cook County Health, many of our patients are from communities that are disproportionately affected during this pandemic: they are poor, they are immigrants, they are people of color. Dr. Rubin and Dr. Joshi understand the unique set of challenges posed with this kind of patient care and recognize that health inequities are only amplified during a crisis like this pandemic,” Preckwinkle said.

Joshi noted that “In suburban Cook County, African Americans are getting ill at the rate more than three times that of their white counterparts, and dying at a rate more than four times higher.”

“We’re acutely aware of these disparities and we work to address them every single day,” Joshi said.

Preckwinkle said the county’s Stroger Hospital has additional space after discontinuing elective surgeries and discharging patients, as other medical centers have done. About 200 patients, half of whom have coronavirus, are now at the hospital, which has a capacity of about 400, she said.

Bill Barnes, executive director of Cook County’s Department of Emergency Management and Regional Security, said his agency distributed 25,000 masks to Stroger last week.



Dr. Kiran Joshi applies hand sanitizer before reminding the public of the importance of social distancing, after Cook County President Toni Preckwinkle, right, named him and Dr. Rachel Rubin, as the duo that will lead the county's response to COVID-19.

While the emergency room of Provident Hospital on the South Side is closed following a staffers positive coronavirus test, the hospital remains open and can add new beds should there be a surge in coronavirus patients, Preckwinkle said.

Provident’s ER is expected to re-open beginning of May, “at the latest”, following reconfigurations to enable social distancing.

Three alternative care centers are slated to open late April, officials said. The shuttered Metro South Hospital, in Blue Island, Westlake hospital in Melrose Park, and Sherman hospital in Elgin will join the alternative care center at McCormick Place to treat patients with non-life threatening coronavirus.

Also at Saturday’s press conference, Ponni Arunkumar, the county’s Chief Medical Examiner, said her office remains in communication with the Centers for Disease Control and Prevention to determine the cause of death of a 9-month old who had coronavirus. The child lived in Chicago and is currently believed to be the youngest person to die from coronavirus-related complications in the nation.



[Preckwinkle says interim Cook County health chiefs ‘understand the unique set of challenges’ in inequities highlighted by coronavirus pandemic](#)

April 12, 2020 – MSN

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[Nurses Warn COVID-19 Cases At Cook County Jail Aren't Just Staying Behind Bars](#)

April 11, 2020 – WBEZ 91.5 Chicago

Nurses lined the sidewalk near Cook County Jail Friday evening, standing six feet apart and wearing masks, to pray and protest the ballooning coronavirus outbreak behind bars. The sheriff's office has reported 415 cases among staff and detainees.

“This is a growing beast,” Rolanda Clark, a nurse at Cook County’s Stroger Hospital, said.

The nurses warned that the virus threatens not only staff and people behind bars, it threatens the entire county. The staff go home to their families and when staff or detainees get seriously sick, they go to the hospital, using valuable medical resources.

Elizabeth Lalasz, another nurse at Stroger, said as the number of positive coronavirus cases at the jail skyrocketed, the unit where she works was turned into a space for treating people from the jail with COVID-19. She said the unit is almost full.

“Stressful doesn't even scratch the surface,” Lalasz said. “Healthcare workers see a lot, especially in the public sector and ... people are terrified.”

Prisons and jails are petri dishes for the virus, because social distancing is nearly impossible. Lalasz and Clark are both members of the National Nurses United union, which is calling for the jail to release more people as a way to slow the spread of COVID-19.

County officials have been reviewing cases of pre-trial detainees for release. The jail population is now 4,435, more than 1,200 less than it was a month ago.

But unhappy with the pace of releases, civil rights groups filed a lawsuit asking a federal judge to mandate immediate mass releases of inmates to protect the lives of detainees and slow the spread of the coronavirus. On Thursday the judge overseeing the case denied that request.

“We feel like cannon fodder,” Lalasz said.

126 sheriff’s staff working in the jail have tested positive for COVID 19, and it’s not just medical staff. David Evans III is a Cook County correctional officer and the chief union steward for correctional officers at the jail.

“For every officer who is quarantined or sent home due to possible exposure, there are other officers who are mandated and become overworked, tired, and at increased risk of exposure due to the short staffing,” Evans said in court documents included in the lawsuit filed by the civil rights groups.

Cook County Sheriff Tom Dart’s office has said the jail “has been in front of this pandemic every step of the way.” Dart has said he’s provided sanitizer, cleaning supplies and helped with efforts to decrease the jail population.

But staff say the reality is much different from what Dart has portrayed.

In court records, Evans said he's observed "dozens of detainees to be packed together" in some parts of the jail.

"Frequent hand washing tools are not available for officers throughout the compound, nor is hand sanitizer, which is sporadically available or provided in such small amounts that officers must ration it even for themselves in some areas," Evans wrote.

Despite refusing the request to order mass releases, the judge did order Cook County Jail to practice proper sanitation and social distancing measures.

The nurses ended their night with a word of prayer from Scott Onque, a pastor at St. Luke Missionary Baptist Church in Chicago.

"We pray for the guards and the staff that go in and out of this facility. We pray, Father God, for the nurses and the doctors that continue to do their work, and we ask for divine protection over all of them."

Daily Herald

Senior medical officials continue to lead Cook County Department of Public Health

April 11, 2020 – *Daily Herald*

Cook County Board President Toni Preckwinkle announced Saturday that two senior medical officers, Drs. Rachel Rubin and Kiran Joshi, have agreed to continue as co-leaders of the public health department.

Last week, Joshi and Rubin abruptly replaced Dr. Terry Mason on an interim basis. Mason was in charge of the county's response to the COVID-19 pandemic.

"I'm very grateful to Drs. Rubin and Joshi for their leadership during this difficult time for our county and our nation," Preckwinkle said at a news conference. "Both doctors have critical experience and expertise that will help to shape our strategic response to the pandemic."

Joshi and Rubin have been senior medical officers at the county department since 2014 and staff members at Stroger Hospital in Chicago.



[2 Doctors Take the Helm During Coronavirus Pandemic, Turnover in Cook County](#)

April 11, 2020 – WTTW

Cook County Board President Toni Preckwinkle says she has “full confidence” in two doctors chosen to lead the county’s health department operations as senior medical officers, and that the duo “understand the unique set of challenges” posed with health care inequities along racial lines that have been amplified by the COVID-19 pandemic.

Preckwinkle on Saturday introduced Dr. Rachel Rubin as incident commander and Dr. Kiran Joshi as the assistant incident commander of the Cook County Department of Public Health’s operations.

“Both doctors have critical experiences and expertise that will help to shape our strategic response to the pandemic,” said Preckwinkle, who added that she’s grateful for their leadership “during this difficult time for our county and for our nation.”

The doctors’ promotion comes not only during a pandemic that as of Friday saw 4,725 confirmed cases within the county health department’s suburban jurisdiction, but also at a time of turnover.

Dr. Terry Mason was dismissed as chief operating officer on April 3 by Cook County Health and Hospitals System interim CEO Debra Carey.

The previous CEO, Dr. Jay Shannon, was fired by the system’s oversight board in November. The independent Board of Health began its search for a replacement in January.

“Hopefully that will conclude shortly. And needless to say, that’s the first priority,” Preckwinkle said.

Following that, the focus will turn to a permanent replacement for Mason as COO.

“Here in Cook County Health, many of our patients are from communities that are disproportionately affected during this pandemic. They are poor. They are immigrants. They’re people of color,” Preckwinkle said.

Chicago’s black residents comprise more than 50% of the city’s coronavirus cases, according to the latest city data, despite census figures that show 30% of the city’s population is black.

Joshi said COVID-19 is underscoring how African America’s higher rates of underlying conditions, such as heart and lung disease and diabetes, put them at higher risk of severe illnesses, like complications from the coronavirus.

In suburban Cook County, “African Americans are getting killed at a rate more than three times that of their white counterparts and dying at a rate more than four times higher,” he said.

And in the predominantly black south suburbs, coronavirus rates are twice as high as in Cook County's northern suburbs.

"We know that black and brown people are getting sick and dying from complications caused by chronic diseases, because of injustices like redlining, economic disinvestment, unequal access to paid sick leave and fair living wages, health insurance transportation, the list goes on," Joshi said.

"COVID-19 has unmasked and laid bare the health inequities we have long known are rooted in historical racism and discrimination. We know that the Cook County Department of Public Health, and at Cook County Health, one of the largest public health care systems in this nation, are acutely aware of these disparities and we work to address them every single day."

Joshi implored Cook County residents to stay at home and to continue to socially distance, even as the weather gets warmer and the temptation to go outside grows stronger.

"We are deeply concerned here that this crisis will worsen these inequities if we don't all work together," he said. "I would ask us all to pause for a moment and consider the meaning of these numbers. Consider the birthday celebration not had. Consider the anniversaries not celebrated."

Preckwinkle, meanwhile, is no longer in a self-imposed isolation after learning a member of her security detail tested positive for the coronavirus.

Out of an "abundance of caution" Preckwinkle on Wednesday said she would self-isolate for two weeks since her last interaction with the bodyguard on March 27 – a period that ended on Friday.

That employee, Preckwinkle said, is "doing well."

Illinois saw its first confirmed case of the new coronavirus on Jan. 24, a Chicago resident who had recently returned from China.

"It's hard to believe it was just 11 weeks ago," Rubin said. "Previous disease outbreaks have prepared us all for this moment. COVID-19 is requiring an unprecedented response from all of us."

Officials were unable to provide updates on the circumstances surrounding the March 28 death of an infant who'd tested positive for the coronavirus, believed to be the first case of a baby associated with COVID-19. Testing results from the Centers for Disease Control and Prevention of tissue samples that could help to determine the cause of death are expected within a week or two.

Preckwinkle also said the emergency room at Provident Hospital of Cook County, which is run by Cook County Health, is on track to re-open early next month.

She said it had to be closed after an E.R. worker tested positive for the coronavirus, and a specialist determined that the area's configuration made appropriate social distancing practices impossible.

"So we decided that it was unsafe for healthcare workers and patients," Preckwinkle said.

While the emergency room is undergoing rehab, Preckwinkle said she wanted the public to be assured that the rest of Provident Hospital is still open.



[COVID-19 shows racial health disparities in Illinois](#)

April 11, 2020 – *Southern Illinoisan*

While African Americans make up just less than 15% of Illinois' population, they account for approximately 43% of the state's 596 COVID-19 fatalities and 28% of its 17,887 confirmed cases, according to the Illinois Department of Public Health.

In a virtual town hall meeting on the issue earlier this week, state public health and African American community leaders agreed that COVID-19 is not creating, but is laying bare longstanding public health disparities along racial lines.

"COVID-19 is putting these long-lasting inequities on display," said Congresswoman Robin Kelly, a Democrat who represents Illinois' 2nd Congressional District in the south suburbs of Chicago and serves as the Congressional Black Caucus Health Braintrust chair. "The adage is true — when they get a cold, we get pneumonia."

IDPH Director Dr. Ngozi Ezike said a number of factors — such as preexisting conditions like high blood pressure and diabetes, which are more prevalent in black communities — are contributing to the disproportionate impact of COVID-19, making the "horrific" statistics "not totally unexpected."

Ezike and various leaders also said African Americans often live in more crowded, multigenerational homes, and many still must work in public-facing positions because they are essential yet low-wage workers who cannot afford to take time off.

"We believe that these disparities, or these differences, are the result of injustices, things like redlining (excluding certain neighborhoods from access to financial services), economic disinvestment, less access to health care or health insurance, food insecurity, the list goes on," Dr. Kiran Joshi, co-director of the Cook County Department of Public Health, said in the virtual town hall.

While Joshi said there is an "increasing understanding" in public health and government that the underlying reason for such disparities is "structural racism," he noted, "No single local public health department or health care organization or elected official could do this on their own."

For leaders throughout African American communities statewide, current efforts are focusing on local community outreach with trusted organizations, a call for greater testing and data collection, and a focus on promoting available state and local resources.

On Friday, Gov. J.B. Pritzker announced plans for greater testing and available alternative housing in black communities as well.

‘With black communities, not for black communities’

In Chicago, where the deaths are greatest and the racial disparity appears to be the largest, nearly 70 percent of recorded COVID-19 deaths were in African-Americans as of earlier this week, according to reports from WBEZ-FM radio and the Chicago Tribune.

Sophia King, an alderman in the nation’s third-largest city, said in order to address longstanding inequities, “we have to identify all of those buckets of disparity and turn them on their head.”

“We know kind of where this is impacting our communities, what communities have been impacted,” she said. “We need to pour resources of testing into those communities, we need to make sure that those communities are marketed to well, we need to make sure that those communities have the access to health care that they need.”

Candace Moore, Chicago’s chief equity officer, said while the city has been advocating widely for the stay-at-home order, more targeted outreach to the African-American community is needed. The city launched a racial equity rapid response team this week to lead the hyperlocal effort.

“I think one of the core tenets that we think about as we approach this is we have to have conversations with black communities, not for black communities,” she said.

That includes working with community organizations and using two-way communication to learn what efforts and resources might be needed in individual communities.

She said some topics could include the importance of social distancing as it pertains to buying groceries and to someone who still goes to work at a public-facing job, as well as what protections are necessary for those who live in crowded homes.

‘Historical mistrust and fear’

Of the 596 recorded deaths from the virus in Illinois, 398 — or 67% — are in Chicago and Cook County, while 152 are in the collar counties of Will, Lake, Kane, McHenry and DuPage. That means only 46 deaths have been recorded outside of the Chicago area.

Still, downstate African American community leaders are taking a proactive approach in warning their communities of the dangers of the virus, in large part because the spread is believed to be wider than what has been confirmed through testing.

Sangamon County had 42 confirmed cases and two deaths as of Friday. For Doris Turner, an alderman in county seat and state capital Springfield, that meant recording a video on social media with her great-granddaughter and other family and community members, including a local high school basketball player.

“I think one of the reasons why it's been impactful is because it is very simple, but it's also coming from people who the average person can identify with and have contact with and it's delivered in a manner that people can understand,” she said. “And also it's being played in venues that people have access to.”

While the constant flow of information from state and public health leaders is important, she said, outreach from community and religious leaders can have a greater impact in black communities.

In the African American community, there is just a historical mistrust and fear of those medical and governmental systems,” she said. “So you want to get the information out there that, you know, it is a medical crisis, but then we have to break that down into why it's important.”

In the tri-county region of Peoria, Tazewell and Woodford counties, there had been 45 confirmed cases and three confirmed deaths as of Friday.

The Rev. Marvin Hightower, president of the Peoria chapter of the NAACP, said local messaging seems to be working, but as the weather warms it will become more important.

Hightower stressed hyperlocal outreach as well, including social networking, Zoom meetings and, much like in Chicago, “working through the various networks that we all have to get the word out.” He said area Democratic state Rep. Jehan Gordon-Booth has been vital in the effort.

“It's a conversation with black elected leaders, as well as the community members that have been discussing and talking about how important it is for our community to take this virus serious,” he said.

Lack of data

While racial data on deaths is sparse and decentralized, Chicago and Illinois do not appear to be alone in the disparities. Other Midwest cities such as Milwaukee and Detroit are seeing similar disproportionate impacts, according to Propublica, and The New York Times.

In the jurisdiction of the East Side Health District, which provides health and wellness services to four predominantly black townships in the Metro East area, including East St. Louis, Canteen, Centreville and Stites townships, there were 34 confirmed cases and six pending tests as of Thursday. The district has recorded three deaths, all in African-Americans. Other demographic data in the St. Clair County area were incomplete.

Linda Davis Joiner, a spokeswoman and program director for the district, told the Belleville News-Democrat now is the time to collect more data on COVID-19's impact to better inform public health initiatives beyond the virus' spread.

“Hopefully we can do something about it by tracking the statistics. It's just too disproportionate. We've got to figure something out here,” she said. “We can maybe start with some intentionality with this virus since we're tracking everything else associated with it.”

But a national shortage in testing and a lack of uniform reporting of racial data on a broad level make this effort difficult, experts and leaders agree.

U.S. Rep. Kelly and other congressional leaders have called on the U.S. Department of Health and Human Services, “demanding national demographic data for diagnostic testing because the anecdotal evidence has been deeply troubling.” Thus far, however, HHS has not released such data.

On Friday, the governor's office released its first breakdown of testing demographic data gathered from a survey conducted when a person is tested, but demographic data was voluntarily left blank in about half of the

87,527 people tested. Otherwise, 25 percent of tests were conducted in white people, 13 percent in black people, 4 percent in Hispanic people and 2 percent in Asian people.

It is also widely accepted that the virus' spread is much broader than the confirmed cases depict, as testing has fallen short nationally and the state tests about only 6,000 people daily. That's short of the 10,000 daily goal set by state officials, who have said the state cannot adequately track the virus' spread and trace contacts of confirmed cases without hitting that number.

"The one thing that we, as well as pretty much everybody else is concerned about, is making sure more tests are available for our area," Hightower said of the Peoria area, where testing has reached into only the hundreds.

New developments

In an appearance with black leaders during his daily briefing Friday, Pritzker echoed the comments on racial disparities and announced the expansion of testing and new alternate housing options for COVID-positive persons that need to isolate.

The governor said a partnership with Ann and Robert H. Lurie Children's Hospital of Chicago and four federally qualified health centers on Chicago's south and west sides will "expand testing in these communities over the next several days to an additional 400 tests per day."

Three locations in the Metro East region will offer up to 470 swabs per day starting early next week, Pritzker said, and those will be sent to Anderson Hospital in Madison County for testing.

He also announced a state-run south suburban drive-thru testing center will open early next week in the Markham-Harvey area, and it will run "hundreds of tests per day."

"We must increase testing everywhere," Pritzker said. "It isn't just in Chicago, just in Cook County or just in the black community — everywhere in the state. In fact that is going to be the key for us, getting out of this crisis."

Pritzker also noted alternate housing will be available for people who need isolation, such as those living in multigenerational homes.

These rooms will be available to residents who tested positive for COVID-19 but do not require hospital-level care or who need social distancing as a precautionary measure. These rooms will also be available to medical professionals and first responders and can be accessed through local health departments.

Pritzker said previously the state has also planned the reopening of recently-closed health care facilities in black communities to ensure access to care as well.

Chicago Tribune

The race for an effective COVID-19 treatment: Hunches, trials and no clear answer

April 10, 2020 – *Chicago Tribune*

As COVID-19 continues to take thousands of lives around the world each day, global efforts to find effective treatments are in hyperdrive.

So far, no treatment has been proved through rigorous scientific studies to do more good than harm — a crucial point often glossed over by President Donald Trump and some doctors who have promoted the alleged benefits of specific drugs. That leaves health care providers on the front lines to piece together their own strategies while research continues.

“We’re really struggling to find the therapies for people who do get seriously ill, trying to save their lives,” said Dr. Richard Novak, professor and chief of infectious diseases at University of Illinois at Chicago Department of Medicine.

In seeking a safe treatment that works, scientists start with hunches, drawn from anecdotal evidence on certain drugs and therapies tried in China, where the COVID-19 outbreak first occurred, and other nations. Based on those educated guesses, they move on to clinical trials. Several Chicago hospitals are already involved in those efforts.

Medical researchers are also hunting for something even more important in containing and ending the pandemic: a vaccine that will protect people who haven’t contracted the disease.

But the arrival of a vaccine could be a year or more off, if it ever comes, so doctors, scientists and pharmaceutical companies continue to work on identifying an effective treatment for those who do get sick.

“If you don’t have a vaccine, you have to treat,” said Dr. Robert Gallo, co-founder and director of the Institute of Human Virology at the University of Maryland School of Medicine. “We don’t know when a vaccine will be available, absolutely don’t know ... and it could be never.”

The treatments being studied take several different approaches. They include suppressing the immune system, which seems to go into fatal overdrive in the worst cases; attacking the new coronavirus that causes COVID-19, known as SARS-CoV-2; introducing the antibodies of recovered patients into people who are still fighting the disease; and tamping down production of a chemical in the body that may exacerbate the illness.

Although some approaches have shown at least limited promise, it will take months of further study through larger clinical trials to see what truly works. “We don’t know if we’re going to have a home run or a base hit with any of these drugs at this moment,” cautioned Dr. Gregory Huhn, an infectious disease physician at Stroger Hospital, where the antiviral drug remdesivir is being tried on patients as part of a larger clinical trial.

Here are some of the more prominent potential treatments that are being studied:

Hydroxychloroquine

This is the malaria-fighting drug, sold under the brand name of Plaquenil, that Trump has touted during White House briefings on the battle against COVID-19.

“What do you have to lose? Take it,” Trump famously said. “I really think (patients) should take it. But it’s their choice and it’s their doctor’s choice, or the doctors in the hospital. But hydroxychloroquine — try it, if you’d like.”

What you could have to lose is your life, given that the drug can cause or exacerbate cardiac arrhythmia — an irregular heartbeat that in some cases can lead to a stroke or a heart attack.

“I would think three times (before taking) something that causes cardiac arrhythmia,” Gallo said. “Is it worth it?”

Despite the risks, and despite the lack of scientific proof that the drug is effective in treating COVID-19, its use has also been touted by a French doctor and another from New York state, to controversial effect.

Hydroxychloroquine, and its cousin chloroquine, work by suppressing the immune system. In some people afflicted with COVID-19, the immune system produces a tsunami of antibodies that floods the lungs and essentially drowns the victim. The thought is that doctors may be able to prevent that fatal response by using the drug.

In both the clinical trials and in the treatment of individual patients that the Food and Drug Administration has allowed under “compassionate use” guidelines, the drug often is paired with the antibiotic azithromycin — better known as Z-Pak — to prevent fluid in the lungs from causing a secondary bacterial infection.

But taking the drug carries its own dangers.

In announcing one clinical trial of hydroxychloroquine, the National Institutes of Health warned: “The drug is not without risks as even short-term use can cause cardiac arrhythmias, seizures, dermatological reactions and hypoglycemia.”

In addition to treating malaria, hydroxychloroquine is used to treat autoimmune disorders, such as lupus and rheumatoid arthritis, and pharmacists are concerned that hoarding of the drug amid the current hype will make it unavailable to patients with those conditions.

Remdesivir

This is an antiviral drug that has been tried in the battles against other coronaviruses, such as SARS and MERS, with mixed results. It was originally designed to fight Ebola.

The drug is undergoing several trials, with at least four Chicago hospitals taking part by testing it on moderately and severely ill COVID-19 patients. They include Northwestern Memorial Hospital, University of Illinois Hospital and Rush University Medical Center, all of which are participating in a scientific study sponsored by the National Institutes of Health.

The Cook County Health and Hospitals System, which includes Stroger Hospital, is taking part in a study sponsored by Gilead, the drug’s maker.

“In animal models, in monkey models, the drug works by directly inhibiting the virus’s ability to replicate in high numbers,” explained Huhn, the infectious disease specialist at Stroger. “In humans, we believe it works by the same mechanism to limit the amount of virus that can be accelerated in high numbers throughout the body that can lead to lung damage.”

Huhn said it’s way too early to tell how well the intravenous drug will work, but some early signs give him hope.

“Among the numerous patients that we’ve enrolled, we’ve had a handful that have been discharged already off oxygen,” Huhn said. “So, very much too early to tell, but certainly when any patient is discharged off oxygen, that’s an encouraging sign to us.”

Novak, the UIC infectious disease chief, said the drug may be more effective on patients whose disease is less serious. “My feeling, and I could be wrong on this, is that it’s probably going to help people with earlier disease who enroll in the study rather than people with more advanced disease,” he said.

As with hydroxychloroquine, remdesivir has also been prescribed by some doctors outside of the studies under the compassionate use exception, but that exception has since been limited to pregnant women and people under the age of 18, Huhn said.

Convalescent plasma

Doctors describe infusions of plasma from recovered patients as an “ancient” treatment, given that it dates back a century or so.

The idea is that surviving patients have developed antibodies that target and defeat the virus, and introducing them into sick patients will help fight the disease.

So-called convalescent plasma treatment also is undergoing trials, though some doctors are already prescribing it after obtaining federal waivers for specific patients with COVID-19 who don’t qualify for the trials.

Blood banks in the Chicago area and the Red Cross are urging recovered patients to donate their plasma for both research and treatment of individual patients.

Researchers at Johns Hopkins Bloomberg School of Public Health and School of Medicine, which is on the forefront of convalescent plasma research, are hopeful that plasma treatment will at least be of help until other treatments are found.

Gallo, however, expressed caution about the treatment, noting that in some cases, “antibodies facilitate getting worse” because they “actually accelerate virus infection” in the case of some diseases.

“Giving someone antibodies is no assurance it’s going to be helpful,” Gallo said. “It might be, it might not be.”

Tocilizumab

A clinical trial assessing this drug’s effectiveness in treating COVID-19 patients is expected to get underway this month.

Marketed under the brand name of Actemra, the drug is currently used to treat rheumatoid arthritis and other ailments. It works by inhibiting interleukin 6, a protein that is involved in the immune response and can cause swelling, including the type of lung inflammation seen with COVID-19.

"I talked to one physician who said a person was in really bad shape and after 24 to 48 hours (of tocilizumab treatment) was jumping around," Gallo said, adding that he holds out more hope for this treatment than the others, particularly those who are severely ill with the disease.

The Global Virus Network, which Gallo co-founded and where he serves as international scientific adviser, will be involved in trials of the drug, he said.

Gallo said there also are many more potential treatments in the pipeline, including one that is expected to be announced soon. He described it as a "novel vaccine" that is "something that is possibly going to be therapeutic as well." He declined to discuss it further before the announcement.

Despite all the ongoing efforts, doctors and scientists stress that no treatment for COVID-19 has been proved to help patients without causing too much harm.

"If my family member ever got this, I would not tell them to use any of those things, truthfully, unless it was really life threatening, and on the ventilator, and we've done everything else we could," said Dr. Rahul Khare, founder and CEO of Innovative Express Care, an immediate care clinic on the North Side.

"I would then ask the (infectious disease) specialist if he thinks this is the time to try it, because truthfully we don't know enough, and it could do more harm than good," Khare added. "And the studies that have been out are not convincing, that's for sure."

Vaccines

Novak, the infectious disease specialist at UIC, said development of a vaccine is crucial. "A vaccine will be the main strategy that will allow us to prevent the disease and ultimately stop the pandemic," he said.

But Gallo and others noted there is no guarantee one will be found.

CHICAGO SUN★TIMES

[Preckwinkle defends firing of county health department chief during pandemic](#)

April 10, 2020 – *Chicago Sun-Times*

The Cook County Board president said Dr. Terry Mason was great at public education and outreach, but what was needed is “strong operational leadership.”

Dr. Terry Mason was “very good at public education and outreach” but not so much at “strong operational leadership,” Cook County Board President Toni Preckwinkle said Friday, explaining her decision to fire the county health department chief in the middle of the coronavirus pandemic.

Mason’s firing has raised eyebrows because he was the man in charge of the county’s response to the pandemic.

He’s the former Chicago health commissioner who joined county government, first as chief medical officer then as chief operating officer.

Last week, Mason was abruptly replaced on an interim basis by Drs. Kiran Joshi and Rachel Rubin. Both have been senior medical officers at the county department since 2014 and members of the medical staff at Stroger Hospital.

At the time, Preckwinkle would only say that Mason had been “terminated.” She heightened the drama on a Friday — when politicians routinely bury bad news — by announcing that she was closing the emergency room at Provident Hospital for a month to figure out a better way to handle the “large volume of patients” and the “challenges of a pandemic” at the South Side hospital.

A week later, Preckwinkle both explained and defended her decision to fire Mason.

He is the third high-ranking health official to be cut from county government in recent months.

“There’s no good time to make high-profile personnel decisions. I’m very grateful to Terry Mason for his service to the county. He’s a very good public educator, [and with] outreach work — particularly to the African American community. Reminding us of the ... hyper-tension and heart disease that plague our communities and what we can do ourselves to mitigate some of the impacts of those diseases.

“This is a time, however, when we need strong operational leadership. And Dr. Rachel Rubin and Dr. Kiran Joshi are co-leaders now of our Department of Health, and I have great confidence in them.”

Pressed to specify where Mason had fallen short in providing “strong operational leadership,” Preckwinkle said, “I’ve said all I’m gonna say on this. Why don’t you ask another question?”

Cook County Commissioner Larry Suffredin, D-Evanston, told the Chicago Sun-Times last week he hadn’t been given a “coherent” explanation for why Mason was let go, saying all of his experiences with the former head of the public health department in the past 10 days had been positive.

"I always felt Terry Mason did a good job, and I always enjoyed working with him. But obviously Debra Carey and [chair of the health system's board of directors] Hill Hammock felt it was time for a change," Suffredin said.

Commissioner Sean Morrison, R-Palos Park, found the move "very alarming" considering the spread of coronavirus throughout the county.

"This coronavirus is very real, we haven't even hit the apex yet, that's a few weeks away," Morrison said. "I think he did a good job."

On Friday, Preckwinkle said she has talked to "every county commissioner a number of times over the last several weeks, and they have not shared that view with me."

As for the emergency room closing at Provident Hospital, Preckwinkle said she had no other choice after one of the health care workers there tested positive for the coronavirus.

"We sent an infectious disease team over to Provident to look at the space to try to figure out what was going on there. What they determined is there was no way to practice social distancing given the way the emergency department was configured," she said.

"So we said ... we'll close down the emergency room for a maximum of four weeks. We'll try to get it done quickly. Tear out the walls and try to reconfigure the space so we can practice the social distancing that's required in this pandemic We're trying to make the emergency room a safe place for the people who work there and for the people who come there as patients."

Daily Herald

Preckwinkle defends decision to fire Cook County health official

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CHICAGO SUN★TIMES

[Jussie Smollett donating \\$5,000 for face masks in Cook County](#)

April 10, 2020 – *Chicago Sun-Times*

“Look, my love for Chicago has never wavered,” the former “Empire” actor said. “This isn’t about politics. This is about people’s lives being taken in a matter of days and I am simply doing what I can to help,”

Jussie Smollett is back.

But not in Chicago.

Sneed has learned the former “Empire” actor is donating \$5,000 to purchase 3,000 face masks for the Cook County Health Foundation — the hospital’s charitable arm — to battle Chicago’s COVID-19 pandemic.

Smollett is also in the process of enlisting friends to up the ante and is sending 1,000 PPE (personal protective equipment) masks to Harlem Hospital in New York.

“I lived in Chicago for five years and know many essential workers driving buses, working in child care, or working in grocery stores — are black,” stated Smollett via a written statement to Sneed.

“I’m also aware 70% of the city’s residents who died from COVID-19 in Chicago are black,” added Smollett, who returned to Chicago in late February to once again enter a plea of not guilty on disorderly conduct charges for allegedly staging a hate crime attack in January 2019.

Months ago, Smollett told Sneed he was in the process of purchasing a two-bedroom condo in the South Loop after “Empire” had wrapped up.

“Look, my love for Chicago has never wavered. I was planning once to live here,” he added.

“This isn’t about politics. This is about people’s lives being taken in a matter of days and I am simply doing what I can to help,” said the actor, whose career has been under the radar since the incident.

“This fight should be for everyone regardless of race, religion, gender, sexuality, economic status or political affiliation.”

Smollett’s Chicago attorney, William J. Quinlan, who serves on Cook County Hospital’s Foundation Board, tells Sneed: “Jussie asked me how he could help and I suggested Stroger (Cook County) Hospital, where there is no finer place to do good. And there is a stark need for PPE.”



[Why was Dr. Terry Mason Fired?](#)

April 10, 2020 – *Chicago Crusader*

Preckwinkle blasted in Black community for the termination of Cook County's top doctor and the closing of the emergency room of Provident Hospital during the coronavirus pandemic

Dr. Terry Mason last week was relieved of his duties as the chief operating officer for the Cook County Department of Public Health. Debra Carey, Interim CEO of the Cook County Health and Hospitals Systems, fired him.

This is the work of Cook County Board President Toni Preckwinkle, who said, "Mason was terminated. It's a personnel matter and I don't comment on personnel matters." She thanked Mason for his seven years of service.

So, when did interims start firing executives?

Preckwinkle said the same thing when pressed by a Crusader reporter on Tuesday, April 7 during a press conference where she talked about her \$10 million assistance program for small businesses.

When the reporter asked a second time why Mason was fired, Preckwinkle was silent for several seconds and said "That's all I have to say about that."

Sources told the Crusader that before he was fired, Mason had a candid conversation with Reverend Dr. Otis Moss of Trinity United Church of Christ in Princeton Park, where he revealed information and facts that contradicted what government officials were telling the public.

N'DIGO the African American lifestyle online publication and the Crusader have made multiple requests for information from the Cook County Medical Examiner's Office.

When the Crusader informed Preckwinkle of the problem, she promised to have her Director of Communications, Nick Shields, help resolve the problem. The Crusader made several follow up calls to Shields after speaking with him on Tuesday, but he never responded. The Crusader and N'DIGO'S requests to the Medical Examiner's Office remain unfulfilled.

During an interview with WVON on Sunday, Mason did not comment on his termination. But the people of Cook County are owed a real explanation from Madame Preckwinkle. Dr. Terry Mason has been an integral and exemplary part of the Chicago and Cook County health scene for decades.

By training, he is a urologist who was on call at Michael Reese and Mercy Hospitals in addition to his private practice. He developed a specialty service for male erectile dysfunction and prostate cancer.

Mason left a lucrative private practice to devote time to public service. He has served as the Commissioner of Health for the City of Chicago, responsible for over 1,200 employees and with an annual operating budget of about \$200 million dollars.

He is an advocate of healthy living with instructions on how to do so through his lectures in churches, community organizations, colleges, health forums, and hotel conference rooms. He is sought after nationwide for advice and consultation on health/medical matters.

His love is what he labels as “community medicine.” He has held a stellar record as a medic from a practicing doctor to public administration, so how do you fire this top-notch world-class doctor at a time of an unknown medical crisis that has created havoc worldwide?

Preckwinkle has a reputation for being a mean, vindictive politician, but she owes the public an explanation as to why Mason was fired and what the County is doing in this time of the emergency coronavirus crisis.

The county board sets policy and laws for the county regarding public health services, and the President should be leading the way. Where is Preckwinkle’s daily press conference?

Since the virus is still weeks from peaking in Illinois, not only is it curious that the esteemed Mason was fired under suspicious circumstances but Chicagoans question why he needed to be fired at this time of crisis, when Governor Pritzker is urgently calling for medical personnel, young and old, retired and working, to come to the aid of patients in the State of Illinois who may be affected by this terrifying disease.

Preckwinkle’s judgment is being publically questioned not only regarding the Mason firing, but also in the closing of Provident Hospital’s Emergency Room.

The ER closes at a time when the virus makes available hospital beds premium real estate.

Preckwinkle told the Crusader that Provident Hospital remains open, but that the emergency room is closed after the Centers for Disease Control and Prevention mandated hospitals to suspend elective surgeries and that a medical official tested positive for the virus.

She also said the configuration of the emergency room prevents one from practicing social distancing.

The hospital should be virus ready as it sits across the park from the University of Chicago Medical Center, where a joint venture awaits.

What is Cook County Hospital, one of the world’s largest, doing to accommodate virus patients? Could not the old building be readied and made available for an overflow of patients?

If McCormick Place could be turned into an “operating medical edifice” in five days, what could the old County Hospital do or become? If other closed hospitals can be reopened and repurposed, why couldn’t the old Cook County Hospital?

And what is being done with Stroger Hospital with its 450 beds that have served the county’s indigenous community for the past 180 years? Is it virus-ready?

This is crucial to know since African Americans account for 30 percent of the coronavirus cases in Illinois, according to Dr. Ngozi Ezike, director of the Illinois Department of Public Health.

According to early data analyzed by WBEZ, while Black residents make up only 23 percent of the population of Cook County, they account for 58 percent of the COVID-19 deaths. And half of the deceased lived in Chicago, according to data from the Cook County Medical Examiner's office.

As of Saturday, April 4, 107 of Cook County's 183 deaths from COVID-19 were Black. In Chicago, 61 of the 86 recorded deaths – or 70 percent – were Black residents. Blacks make up 29 percent of Chicago's population.

Preckwinkle seems absent from the process and procedure.

She did not appear at the transformation of McCormick Place with Chicago Mayor Lori Lightfoot and Governor J.B. Pritzker. She was absent. Why did she not participate with them? Is this political minutia?

I am publically questioning Preckwinkle's judgement in regards to the dismissal of Dr. Mason and the shut-down of the emergency room at Provident Hospital.

Poor judgment, it seems to me.

I am asking for a public explanation as to why Dr. Terry Mason was fired and you cannot hide behind the "this is a personnel matter" mask. This is a public health matter and this is not the time to abort your duties.



[Stroger Hospital Employees Demand More PPE](#)

April 9, 2020 – *WBBM Newsradio*

The union that represents several hundred employees at Stroger Hospital is demanding more Personal Protective Equipment (PPE).

The employees are clerks, food service workers, transportation workers and others at Stroger Hospital.

And their shop steward Tyrone Hawthorne says they want more and PPE because, he says, so much about the transmission of COVID-19 is unknown.

“We’re in a climate of fear right now and uncertainty. If our president of Cook County can quarantine herself because she was in the presence of someone that tested positive for COVID-19, we’re in the presence of someone every day, 24 hours a day, on each of our three shifts.”

President Toni Preckwinkle isolated herself at home after a member of her security staff tested positive for the novel coronavirus.

A statement from Cook County Health says it is taking its cue from the Centers for Disease Control in providing PPE.

“At no time have we put our staff in harm’s way,” the statement said.



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[Illinois Playbook](#)

April 9, 2020 – *Politico*

Preckwinkle says Covid-19 filling half of Stroger Hospital beds, and ‘crunch time’ still a month away: “Though the county faces “tremendous financial challenges,” Cook County Board President Toni Preckwinkle wouldn’t say if that would mean layoffs for any county workers,” by Sun-Times’ Rachel Hinton.



[Nurses give advice on how to properly use disposable gloves](#)

April 9, 2020 – *Good Morning America*

Nurses at Chicago's Stroger Hospital give advice on how to properly use disposable gloves, emphasizing the importance of handwashing, as they load supplies donated by a local church group.



[Toni Preckwinkle Gives COVID-19 Update from Hyde Park Home](#)

April 9, 2020 – WTTW

Cook County is bracing for a surge in coronavirus-related deaths.

The opening Thursday of a refrigerated warehouse by the county medical examiner's office to store dead bodies is a grim reminder that hard times are ahead.

On Wednesday, Cook County Board President Toni Preckwinkle announced a member of her security team had contracted the virus, prompting Preckwinkle to self-isolate through Friday out of "an abundance caution."

Speaking to "Chicago Tonight" on Thursday from her Hyde Park home, Preckwinkle said the employee, who she last saw nearly two weeks ago, is doing well.

"I talked to him last night, he's doing very well and I'm grateful for the fact that he's recovering," Preckwinkle said.

Preckwinkle also said she was disappointed in a federal judge's decision to reject the release of "medically vulnerable" Cook County Jail detainees amid the COVID-19 pandemic.

"We've been concerned for a very long time about the jail," Preckwinkle said. "The jail is our equivalent of a nursing home or cruise ship – it's a congregate facility and in that circumstance, pandemics can spread quickly."

More than 400 cases of the coronavirus have so far been reported among the jail's detainees and staff.

Earlier this week, the emergency room of Provident Hospital, located on Chicago's South Side, was shut down after a hospital employee contracted the virus. It's expected to remain closed for about a month.

"It was configured in a way that made impossible, impossible to do social distancing," Preckwinkle said.



[Healthcare workers protest lack of PPE](#)

April 9, 2020 – *Fox 32 Chicago*

Cook County healthcare workers at Stroger Hospital join a nationwide protest calling for better personal protective equipment amid the COVID-19 pandemic.



[Nurses give advice on proper use of disposable gloves](#)

April 8, 2020 – *ABC News*

Nurses at Stroger Hospital give advice on how to use disposable gloves and emphasize the importance of handwashing, as they unload supplies donated by a local church group.



[UCMC to receive emergency patients from Provident Hospital, where county seeks to expand COVID-19 capacity](#)

April 8, 2020 – *Hyde Park Herald*

The University of Chicago Medical Center (UCMC) is taking in emergency patients from the Provident Hospital of Cook County, which has closed its emergency room until May 6 as it prepares to house a greater number of COVID-19 patients.

As of Tuesday, there are 108 COVID-19 patients at UCMC, including 18 on ventilators.

During Provident's ER closure, county Commissioner Bill Lowry (D-3rd) said those who self-transport to Provident, 500 E. 51st St., for emergency care will be directed to the UCMC. Ambulances already have been redirected.

Anyone who self-transport to the Provident ER at this time will be triaged there and either directed to another facility or seen by a physician at Provident.

Lowry said there are areas that have been physically underutilized at Provident and that those areas are being put to use for the care of tested-positive coronavirus patients. Provident was founded in 1891 as the first Black-owned-and-operated hospital in the nation, and it has been part of Cook County Health (CCH), the county's hospital network, since 1998.

Those areas are "going to be utilized for treatment, relative to those who have been exposed to COVID-19," Lowry said. "It is very fluid, but at this point it appears as though we're talking about quarantining, making sure that those individuals do not become symptomatic, thus requiring hospitalization in other facilities."

In an email, CCH spokeswoman Caryn Stancik said, "The ability to open additional beds is contingent upon additional staffing that CCH does not currently have. CCH has requested additional healthcare personnel from the state to assist in staffing at Provident."

Provident's inpatient unit, respiratory and radiology services, pharmacy and laboratory remain open. Its primary care services, behavioral health and specialty clinics (e.g. cardiology, general surgery, infectious diseases) are open telephonically and for urgent walk-ins.

"This is so important that this message is known: Provident is open for certain types of care, and that will continue throughout the re-purposing of certain areas of the hospital in response to the COVID-19 pandemic," Lowry said.

An April 3 CCH statement said that Provident, "as a small, community hospital ... is best positioned to care for lower acuity patients while Stroger (Hospital, the system's flagship) is where we treat more complex patients, including the overwhelming majority of hospitalized COVID patients."

It went on to say that Provident "has only cared for a few COVID-19 patients" and that its ER "has a very small footprint and sees fewer than 70 patients each day," without the capacity to handle large numbers of patients suffering from a highly infectious global pandemic.

The Provident operating room, which only provides non-emergency and elective surgeries and procedures, is temporarily suspended. Its staff have been redeployed to other areas of need and other facilities in the county health network

Provident's six-bed intensive care unit is also closed, allowing the redeployment of staff until it reopens. Provident's ER staff has been temporarily reassigned to Stroger, 1969 W. Ogden Ave., or other county medical procedures to assist with the pandemic response.

Union nurses with National Nurses Organizing Committee/National Nurses United protested the closure on April 6, saying that, while the ER could not provide the response the pandemic requires, the county did not inform the public or employees in a timely manner.



[At virtual town hall, legislators and health officials discuss disparate impact of coronavirus on Black community](#)

April 8, 2020 – *Hyde Park Herald*

The Illinois Legislative Black Caucus hosted a virtual town hall meeting Tuesday afternoon, during which elected officials and health experts discussed the outsized impact of the coronavirus outbreak on Black communities in Illinois.

“This crisis is similar to Katrina, where it has shown and brought to bear a systemic disparity (that) is being exposed here,” said Ald. Sophia King (4th). “We need to pour resources of testing into those communities. We need to make sure those communities are marketed to well, we need to make sure those communities have the access to health care that they need.”

A report this past weekend from WBEZ found that Black residents make up 70% of coronavirus deaths in Chicago, despite comprising only 29% of the city’s population. An Illinois Department of Health (IDPH) map also shows that many of the zip codes with the highest number of cases are on the South Side, covering majority Black neighborhoods such as Englewood and Chatham.

Kiran Joshi, the newly appointed co-CEO for the Cook County Department of Public Health, gave some possible reasons for the disparity.

“We believe ... that these differences are the result of injustice. Things like redlining, economic disinvestment, less access to health care or health insurance, food insecurity, the list goes on,” he said during the town hall. “I think there’s an increasing understanding in public health and folks that are involved in policy-making and government that really the underlying reason for this is structural racism.”

The well-documented lack of adequate healthcare in Black communities, for instance, means that Black people will tend to fare worse when they do contract the coronavirus. “We know that heart disease, hypertension, diabetes, obesity, kidney disease, liver disease, all of these conditions — which are already too prevalent in our African-American community — (are) the reason why, when you overlay COVID, we’re seeing these horrific statistics overall for the state,” said Ngozi Ezike, director of the IDPH.

But Ezike also said that the stay-at-home order seems to have had a positive effect on the rate of increase in new cases. That means the state may ultimately have enough hospital beds and ventilators for every patient who needs one.

“The reason that people were talking in Italy about putting two people on one vent is because they ran out of vents, and so, you know, obviously desperate times call for desperate measures. That is something that they came to because they wanted to not leave as many people just dying in the halls, and try to find a way to treat more people,” she said. “And that’s exactly what we’re trying to prevent with the, with the build out of

additional beds We're trying to make sure that anyone who does get sick will have access to the care they need.”

In order to combat the racial disparity in coronavirus cases, Mayor Lori Lightfoot announced two days ago that she was forming a Racial Equity Rapid Response Team. At the town hall, Candace Moore, the city’s Chief Equity Officer, explained what the group would do.

“The idea of this is to really take our public health approach and get it down into a sort of hyper-local level, to really work with communities and in partnership, to both share information and access to resources to communities,” she said. “We also want to have someone provide directional system information, by which we are learning what folks need.

“What does stay at home mean, when you live in a multi generational home? And what does quarantine and isolation look like, if you are in a home where multiple folks are sharing rooms? It may not be that easy. Our ability to both listen to the questions and get answers that people really need is going to be critical.”

The town hall ended with State Senator and Majority Leader Kimberly Lightford (D-4th) urging people to continue staying inside. “It was amazing to look out my window and see 20 people hanging out in the front yard. I just don’t know if we know how important it is in the Black community to stay at home,” she said.

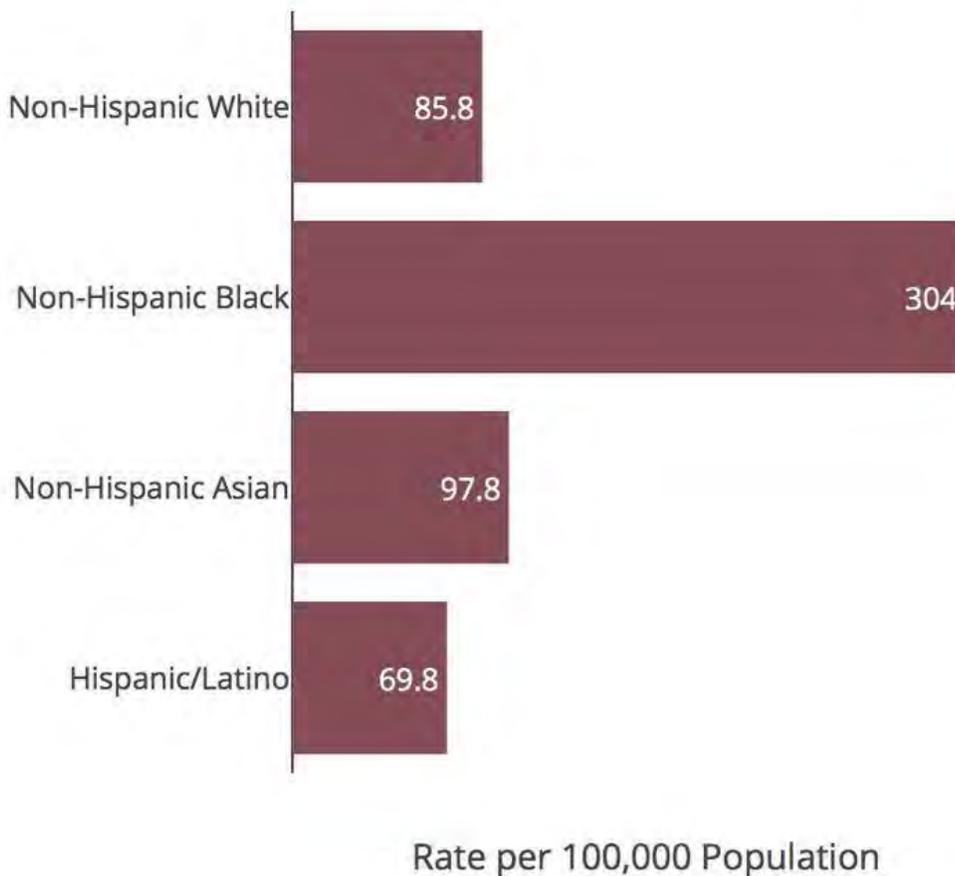
“It’s important as leaders we continue to make our constituents as comfortable as possible because ... PTSD will be alive and well in our communities because we’re losing so many family members,” she continued. “I’ve been on the phone making sure that counseling will be in place. Grieving opportunities for people to get that extra help will need to be in place, because when COVID goes away we’re still going to have to deal with a lot of loss.”

Daily Herald

Why coronavirus is infecting, killing blacks at an alarming rate

April 8, 2020 – Daily Herald

COVID-19 Cases by Race/Ethnicity
in Suburban Cook County, IL



Experts say the coronavirus is spreading at an alarmingly high rate in Chicago and surrounding suburban black communities. Here is a breakdown of COVID-19 cases by race in Cook County.

In nearly a month of COVID-19 lockdown, Randy Hodges has been teleconferencing with doctors for checkups on his thyroid condition and leading online Bible studies as an associate pastor at Second Baptist Church of Elgin.

Hodges says it's a small price to pay for protecting himself from contracting the respiratory illness since he falls into two high-risk categories -- he is 70 years old and African American.

National and state data show African Americans are more susceptible to contracting COVID-19 due to preexisting health problems and to dying from it.

"It's just a part of our life," said Hodges, an adjunct professor of multicultural education at Elgin Community College. "(The pandemic) has emphasized what we've known all along. ... We are subjected to a lot of things that the other communities may not be subjected to."

Blacks account for 43% of Illinois' 462 COVID-19 deaths, as of Wednesday, but comprise only about 15% of the state's population, according to the Illinois Department of Public Health and census data.

It's the highest COVID-19 mortality rate of any race compared to the race's overall proportion of the total population -- whites, 36% of deaths to 77% of residents; Hispanics, 8% of deaths to 17.4% population; and Asians, nearly 4% of deaths to about 6% population, data shows. Race has not been identified in nearly 7% of deaths.

Experts say the disease also is spreading at an alarmingly high rate in Chicago and surrounding suburban black communities. Of the state's 15,078 confirmed cases by Wednesday's count, 28% were black, 26.5% white, 10.5% Hispanic, 3.3% Asian, 26.4% weren't identified by race and 5% were marked as other.

Environmental, economic, health and political factors combined with decades of systemic disinvestment in black communities over generations has put blacks at higher risk of chronic health conditions, including asthma, heart and lung diseases, high blood pressure, hypertension, cancer and diabetes, experts say.

Perhaps the silver lining of this pandemic is that it has shined a light on the severe inequities affecting African Americans and other communities of color.

"(It shows) who has access to immediate health care, who puts themselves at risk and who is most likely to be exposed to the virus," said Dr. Courtney Coke, medical director of the radiation oncology department at Advocate Sherman Hospital in Elgin. "It is as a result of underlying issues of poor access to health care in that population. Some people simply cannot get in to see a physician. They wait until the very late stages, until they have very bad shortness of breath and pneumonia."

Inadequate education about health issues and not having insurance or the means to pay for care also are barriers. Lack of access to quality medical care, health facilities and safe environments to exercise, as well as healthy food and housing insecurity are among the reasons why blacks are predisposed to chronic illnesses, said Dr. Rachel Rubin, interim co-chief operating officer for the Cook County Department of Public Health.

Living with the stress of structural racism makes matters worse, increasing the risk of hypertension, heart disease and stroke, Rubin said, citing studies.

Lower-wage service industry workers, predominantly being from black and Latino communities, who cannot afford to stay home and not work is another reason for the disparity in who is being exposed, infected and killed.

"These individuals live paycheck to paycheck," Rubin said. "They are frequently working in essential services, such as food, transportation and home care. They take public transportation. They are out in the open being exposed to other individuals because they can't afford not to be."

A breakdown of COVID-19 cases and deaths by race is yet unavailable for all counties. But suburban Cook County has the lion's share of both after Chicago.

Blacks are dying at a rate of 12.6 people per 100,000 population in the county -- three times the rate for whites, 4.3 and Asians, 4.7 and six times the rate for Hispanics, 2, Cook County Department of Public Health data shows.

Of the 2,667 confirmed cases, blacks were infected at a rate of 304 people per 100,000 population compared to the rates for Asians at 97.8, whites at 85.8 and Hispanics at 69.8.

The rapid spread of the virus through suburban communities shows the need for resources to provide greater access to health care for marginalized populations, experts say.

"One person at risk puts everybody at risk," Coke said.

CHICAGO DEFENDER

[The Impact of COVID-19 on Black Communities-A Tele Town Hall Meeting](#)

April 8, 2020 – *Chicago Defender*

For many, the Coronavirus has drastically changed our daily lives. Individuals who would usually be out and about are now staying home and engaging in social distancing. The virus has impacted lives on a global level. One of the most startling facts about this virus, however, is the impact that it is having on the African-American community.

On April 7, 2020, the Joint Caucus-black elected officials representing the state, county, and the city as well as doctors conducted a virtual town hall to not only address these disparities but also discuss things that we can do as a community to decrease the impact of Coronavirus on our communities.

Dr. Kiran Joshi, Co-Director of Cook County Department of Public Health, discussed the symptoms of COVID-19, the process of getting help, and the staggering statistics of the impact of Coronavirus on African-Americans: “If you get symptoms that are like the flu and you are generally otherwise healthy, you can stay home and isolate yourself and try to stay away from everyone else. If you are someone who develops those symptoms and have an underlying condition, reach out to your primary care doctor. If your symptoms start to get worse, we strongly recommend that before you go anywhere, call the facility first. We’re seeing a considerably higher rate of COVID illnesses and deaths among African-American residents. The rate is more than three times the death as white folks, so we are working to address those disparities.” If you want to learn more about this data, you can check out the website: www.cookcountypublichealth.org.

Dr. Ezke from the Center for Minority Health also discussed this risk. “Heart disease, hypertension, obesity, kidney disease, liver disease, the conditions that are already too prevalent in our communities is the reason why when you overlay COVID, we see these horrific statistics. African-Americans make up 42.9 percent of the deaths, even though the cases are about 24%. We know that there is not a vaccine or a licensed treatment. The plan of attack is to try to stay away from the enemy. This is why the stay at home order is so important. We do believe that we have started to flatten the curve through this. We do think we have started to do that by having the stay at home order. We know how critically the testing is, and we are doing testing at each of our three-state labs to ramp up the production of tests. As we get those, we will be pushing those out into our most vulnerable populations.” Dr. Ezke also mentioned that their center is creating systems to communicate updates through texting.

Candace Moore, Chief Equity Officer from the City of Chicago, mentioned a few things that are going on at the city level. “We, as a city, are owning the responsibility of sharing this information with the public. So much of what we are seeing is a manifestation of things that many of us have seen for a very long time. I think there are things that we can do right now to address structural issues. We are setting up a racial equity response team to take our public health approach to get down to a hyper-local level to share information and access to resources, but also learn what folks need within the community.” She mentioned that communication to address issues such as what social distancing means in a multigenerational home and working with local aldermen to ensure that community needs are being addressed are steps that the city is taking to communicate with the community through sharing that information online and on the radio.

Dr. Suzette McKinney from The Illinois Medical Center discussed the local response of addressing COVID-19 through the use of alternate care facilities. “McCormick Place, Metro South Hospital, and Westlake are sites designed to provide some relief as a step down from inpatient care to release the burden on the hospitals.”

Resources

The Illinois Department of Human Services reports that they want to support as many people as possible during this time. Emergency SNAP is now available, which increases the monthly allotment to the maximum beginning April 8 and no later than April 20, 2020, for April and May. Additional allotments will be issued to new SNAP households through April and May. The income level was raised to 200% to allow more Americans to acquire these resources. Mobile distribution for food distributions have been established. To apply, call, or go online to apply for services at 833-2FINDHELP.

Childcare

DHS has also set up a childcare assistance program for essential workers. Childcare centers and homes can apply for an Emergency Childcare Permit issued by DHS. Childcare centers that remain closed can submit an attendance exemption form. If the center certifies that it will continue to pay employees, then payments will continue for March and April.

Homelessness

All current housing service providers were given additional funding for emergency and transitional housing and supportive housing. This provision is going through All Chicago for distribution. All information on resources is included on their website: www.dhs.illinois.gov/helpishere.

Mental Health

Commissioner Dennis Deer mentioned that if you have not had a mental health problem, Coronavirus can significantly impact your mental health, which causes stress and distress. It is also important to look at some of the issues that we had before the Coronavirus and consider talking to a clinician for additional support.

Small Business Support

Melinda Kelly from the Small Business Association spoke about the Payment Protection Program, a loan that converts into a grant if you keep your business open. “With social distancing, it gives us a chance to get staff engaged and working for your business; you can pay them and get free help for eight weeks.” You must apply through your bank for the loan, but you can call SBA for additional information at 773.994.5006.

Property Taxes

Cook County Assessor-Fritz Kange also discussed property tax information. “The property tax exemption deadline is April 11. Seniors had their certification automatically renewed. Make sure if you turned 65 this year, you do freezes online. We encourage landlords to work with tenants-they can have mortgage payments postponed up to twelve months. Forbearance or reduced rent can reduce assessments as well as long as they have certification from their tenants.”

CHICAGO SUN★TIMES

[Preckwinkle: COVID-19 filling half of Stroger Hospital beds, and 'crunch time' still a month away](#)

April 8, 2020 – *Chicago Sun-Times*

Though the county faces “tremendous financial challenges,” Cook County Board President Toni Preckwinkle wouldn’t say if that would mean layoffs for any county workers.

Cook County Board President Toni Preckwinkle said Wednesday half of the patients at Stroger Hospital are being treated for coronavirus, and the county’s finances face an uncertain future because of efforts to stem the spread of the pandemic.

Though the county faces “tremendous financial challenges,” Preckwinkle wouldn’t say if that would mean layoffs for any county workers.

“Crunch time for us I think is May, and my financial staff is working very hard to figure out where we are financially and what projections are for revenue and expenses and beyond,” Preckwinkle said.

The county’s flagship hospital currently has 200 patients and about half are being treated for the virus, Preckwinkle said during a conference call with the National Association of Counties.

“I can’t tell you whether any of those, or all of them, are insured either in private insurance or through a Medicaid expansion program or Medicaid itself, but half of our patients in the hospital at the moment are COVID-19,” Preckwinkle said. “The impact on us is pretty considerable and, of course, the governor has said that we haven’t reached the peak yet in terms of what he expects in Illinois.”

That insight into what’s going on at Stroger Hospital came not long after Preckwinkle announced she will be self-isolating until the end of the week after a member of her security detail tested positive for coronavirus.

Preckwinkle joined a few other county executives around the country for the call, which focused on how counties are responding to the pandemic.

In the call, Preckwinkle talked about the county’s health care response as well as the effect on the county’s finances, noting the newly launched community relief initiatives to help small businesses.

About 65% of the county’s revenues are “economically sensitive,” including the sales tax, the board president said.

But steps already taken have put the county budget in a better position than most, Preckwinkle said, essentially making the county “the nicest house on a bad block.”

“We’re very mindful of the serious impact a recession will have on our budget,” Preckwinkle said. “We’ve experienced large shortfalls in the past, as well as dramatic losses of revenue. We’ve always made the tough decisions to meet our fiscal obligations, and we always will. This has been a very difficult month, but we are rising to the challenge.”

The board president said there's "a great deal of volatility in the bond market" that's of concern to county officials who are monitoring the situation closely, Preckwinkle said.

Preckwinkle said the county's chief financial officer and his team are trying to determine the overall impact the pandemic will have on the county and hope to have budgetary projections by the end of the month.

The county has reserves to cover expenses for a little over two months, but Preckwinkle said, "Clearly, when the economy falls off a cliff, even people who have the recommended reserves are challenged."

The board president said her staff was meeting later Wednesday to talk about what they see ahead for the county fiscally.

As for layoffs, Preckwinkle said the county won't have "sufficient reserves to keep all of our employees on forever, so the question is how long is the shelter-in place order [will] continue, and then what is our fiscal situation."

CHICAGO SUN★TIMES

[Preckwinkle: Employee tested positive for coronavirus, prompting temporary closure of Provident ER](#)

April 7, 2020 – *Chicago Sun-Times*

Health officials announced Friday they will work on “reconfiguring the current flow of patients, increasing space between patients, and creating and equipping areas to function as isolation areas.”

Cook County Board President Toni Preckwinkle said Tuesday the decision to temporarily close the emergency room at Provident Hospital came after an employee tested positive for the coronavirus and county officials were told the layout of the department would hamper social distancing.

“Last Friday it was determined that a member of our health care staff in the emergency department had [the coronavirus], and as a result, every health care worker in the emergency room had to be tested and, of course, quarantined,” Preckwinkle said at an unrelated news conference.

“So we sent our infectious disease people over to the emergency room, and they determined that it was impossible, given the configuration of the emergency room, to do social distancing,” Preckwinkle said. “And we decided that we needed to close the emergency room until [May 6th]. Hopefully, we’ll have it open sooner, to entirely refurbish that space.”

Preckwinkle’s comments provide more details on the decision-making that went into the temporary suspension of emergency services at the South Side hospital, which began Monday.

Health officials announced Friday they will work on “reconfiguring the current flow of patients, increasing space between patients, and creating and equipping areas to function as isolation areas” because the hospital was not designed to handle “a large volume of patients or the challenges of a pandemic involving a highly contagious disease,” a release announcing the move said.

Medical personnel will be temporarily reassigned to Stroger Hospital or other places in the county’s health system to assist with the response to the coronavirus.

Patients who come to Provident during this time will be triaged and either directed to a nearby hospital, Stroger Hospital or seen by a physician at Provident.

Health care workers at the hospital protested the suspension of services in the emergency room Monday.

A spokeswoman for Cook County Health did not immediately respond to request for comment.



[Nurses Question Cook County's Decision To Close Provident Hospital's ER](#)

April 7, 2020 – *WBBM Newsradio*

Nurses at Provident Hospital on Chicago's South Side are questioning why they weren't given more notice about plans to close the emergency department for a month.

Members of National Nurses United, the union representing several nurses at Provident Hospital, call the move by Cook County Health 'abrupt and dangerous.'

Part-time nurse Dennis Kosuth said he learned the ER was closing Monday from a newspaper article, not his supervisor. He calls the decision "stunning" that Cook County did not collaborate or communicate better with employees about the closure amid the pandemic.

"There was zero consultation, there was zero communication they were thinking about this. I mean you would think that if you are going to change something very drastically that you would at the very least ask people in the community," he said. "It's terrifying for the people in the community. I mean if you look at the numbers, 68 percent of people who have died from COVID in the city are African Americans. This hospital is in the middle of an African American community."

Cook County Health said Provident's small ER does not accept ambulances and closing it will reduce the risk of spreading COVID-19, while other, larger hospitals, such as Stroger, are better positioned to treat such complex patients.

While Kosuth and the union agree Provident's emergency department is too small to handle the fight against COVID19, they take issue with the county's lack of notice or consultation about the move.

A spokesperson said the reasons were laid out in an CCH announcement last week.

Cook County Health said the month-long closure will allow Provident to reconfigure the ER - putting more space between patients and setting up isolation areas to reduce the risk of transmission of the virus.

Staff in the meantime is being reassigned to Stroger or other parts of the health system.

[Illinois Playbook](#)

April 7, 2020 – *Politico*

Provident nurses, healthcare workers demand hospital's ER remain open: 'We are in emergency': "The protest comes just a few days after Cook County Health announced that it would close the emergency department at Provident Hospital for about a month starting Monday to figure out a better way to handle the "large volume of patients" and "challenges of a pandemic" at the South Side hospital," reports Sun-Times' Rachel Hinton.



Illinois Hospitals Strained But Largely Coping Ahead of Anticipated COVID-19 Surge

April 6, 2020 – WTTW

Illinois Gov. J.B. Pritzker, who continues to plead for more ventilators from the federal government, announced Monday 1,006 new confirmed cases of COVID-19 and 33 additional deaths, bringing those totals to 12,262 and 307, respectively. Cases of the coronavirus are expected to peak in Illinois later this month.

So far, the state's health care system appears to be strained but mostly coping, according to health care professionals. But the burden on some safety-net hospitals is growing. Cook County Health announced Friday that it would temporarily close Provident Hospital's emergency room amid an influx of suspected coronavirus cases.

Dr. Jay Chauhan, president of the Chicago Medical Society, said that while more affluent health networks are well-resourced, some of the safety-net hospitals on the South Side of Chicago "need more support."

"In the safety-net hospitals — those hospitals with a lower degree of resources in more fiscally challenged areas — they are having more trouble, whereas some larger institutions were able to prepare for this in a more timely fashion," he said.

According to Alice Johnson, executive director of the Illinois Nurses Association, the supply of personal protective equipment, or PPE, for health care workers remains an issue.

"It depends on where the nurses work," said Johnson. "Some places have improved. Specifically, at the University of Illinois our members are saying the access to PPE has improved and that they are being used in a safe way ... other places I have heard that it is bad and potentially getting worse."

Johnson said that she knew of one area hospital that had 48 registered nurses infected with the virus, but not all hospitals were disclosing infection rates for front line medical staff.

Sean O'Grady, chief clinical operations officer at NorthShore University HealthSystem, which operates five hospitals and numerous clinics in the Chicago area, said that so far their supplies of protective wear for their health care workers were holding up.

"They are being provided the appropriate equipment and supplies to protect them and their patients," said O'Grady. "And we are in a constant dialogue to make sure that they feel that consistently."

O'Grady said that seeing the impact of the virus elsewhere had prompted NorthShore to spend the past month reorganizing its system to respond to the pandemic and it has converted one of its hospitals to deal exclusively with patients with symptoms of COVID-19. It has also developed a drive-thru testing facility which is currently testing roughly 1,000 people per day.

“As of this morning we had tested just over 10,000 people with symptoms with a 20% positive rate. So 2,000 have been positive of that 10,000,” said O’Grady. “What we are seeing in our hospitals is that about 5% of those testing positive are needing hospitalization of some kind, usually difficulty breathing or other symptoms.”

O’Grady believes Illinois’ relatively early decision to order people to stay at home is already having an impact on the numbers.

“I can only speak for NorthShore, but I can say that the positive rate in the community has maintained consistently at around 20%,” said O’Grady. “In other parts of the country we’ve seen that continue to go up significantly when there wasn’t social distancing.”

He added that NorthShore had redeployed ventilators from elsewhere in their system and have about 150 ready to be deployed, but that they were “not using close to that number at this point.”

O’Grady said he had stopped speculating as to when the pandemic would peak in the state, but he thinks that the early social distancing measures will help to flatten the curve of infections in Illinois.

“I would expect the experience in Illinois to be longer, meaning that there isn’t that spike in cases that we’ve seen in other places and that cases are going to continue to spread, but at a slower rate — 20% instead of 40% — but there are still new cases being identified every day. A lot of that is because of testing, which is finally being expanded more broadly across the state. So I think this month will tell us a lot about when we may see a plateau and then a decline (in cases).”

Chauhan said that although he had seen some numbers that appeared to show tentative signs of improvement — a plateau in cases and slight reduction in deaths at one teaching hospital — it was too early to tell how well social distancing and other pandemic mitigation efforts are working.

“We’re finding more people are infected but I think that’s the result of greater testing,” said Chauhan. “We still need more testing and that will be critical in flattening the curve further.”

CHICAGO SUN★TIMES

[Latest coronavirus news for April 6, 2020: Live updates](#)

April 6, 2020 – *Chicago Sun-Times*

Provident nurses, healthcare workers demand hospital's ER remain open: 'We are in emergency'

Nurses at Provident Hospital rallied Monday to denounce the temporary closure of their emergency department, saying the decision by Cook County Health officials happened too quickly and puts South Side residents at risk.

Around 30 nurses, wearing face shields, masks and scrubs joined other supporters lining the sidewalk in front of the hospital, where a banner that read "nurse power" was tied to fencing.

Passersby honked their support as nurses yelled out chants including "we are in emergency, keep the ER open."

Dennis Kosuth, a registered nurse at Provident, said he was "stunned" when he found out about the month-long suspension of services Saturday through the news media, saying county health officials "didn't notify anybody."

CHICAGO SUN★TIMES

[Provident nurses, healthcare workers demand hospital's ER remain open: 'We are in emergency'](#)

April 6, 2020 – *Chicago Sun-Times*

The protest comes just a few days after Cook County Health announced that it would close the emergency department at Provident Hospital for about a month starting Monday to figure out a better way to handle the “large volume of patients” and “challenges of a pandemic” at the South Side hospital.

Nurses at Provident Hospital rallied Monday to denounce the temporary closure of their emergency department, saying the decision by Cook County Health officials happened too quickly and puts South Side residents at risk.

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Dennis Kosuth, a registered nurse at Provident, said he was “stunned” when he found out about the month-long suspension of services Saturday through the news media, saying county health officials “didn’t notify anybody.”

“How are they going to let the community know that this hospital is closed by sending an email out or a press conference, or a presser to newspapers?” Kosuth asked. “They need to do more than that to let the community know what’s going on here.

“We’re open to discussing alternatives to closing the ER. They said they want to make the emergency room more safe — we agree with that it should be more safe, but you don’t do it by ... sending an announcement out on Friday that the ER is going to close on Monday.”

Kosuth said he’s worried for the community surrounding Provident, which is largely African American. WBEZ reported that black residents are dying from coronavirus at “disproportionately high rates,” comprising almost 60% of the COVID-19 deaths in the county and 70% in Chicago as of Saturday.

At an “impact bargaining” meeting between county officials and nurses Sunday night, Kosuth said he and other nurses demanded the health system postpone or delay the closure.

“They refused, they basically said we’re moving forward with it,” Kosuth said.

In a statement, Caryn Stancik, the chief spokeswoman for Cook County Health, said “this is not a decision that was made lightly, but it had to be made quickly for the safety of patients and staff. This pandemic has presented challenges and lessons learned to hospitals across the country.”

“Not addressing challenges that have a fixable solution would be irresponsible,” the statement continued. “The temporary suspension of emergency services will allow us to reconfigure the space to safely care for patients and prevent the unintentional exposure of others including our staff. We are committed to completing these changes and reopening the emergency department on or before May 6th.”

Stancik also said that in addition to media coverage, “a detailed notice and flyer was emailed to 17,000+ subscribers of our community newsletter and our 6,000 employees and flyers were hand delivered and/or posted at CTA stops, police and fire departments and businesses that remain open in the area. Additionally, we are staffing Provident Hospital around-the-clock should a patient present.”

The protest comes just a few days after Cook County Health announced that it would close the emergency department at Provident Hospital for about a month starting Monday to figure out a better way to handle the “large volume of patients” and “challenges of a pandemic” at the South Side hospital.

Health officials announced Friday they will work on “reconfiguring the current flow of patients, increasing space between patients and creating and equipping areas to function as isolation areas” because the hospital was not designed to handle “a large volume of patients or the challenges of a pandemic involving a highly contagious disease,” a release announcing the move said.

Because of those changes the hospital will be closed starting Monday and will likely remain closed until May 6, though officials hope to reopen sooner.

Medical personnel will be temporarily reassigned to Stroger or other places in the county’s health system to assist with the response to coronavirus.

Patients who come to the hospital during this time will be triaged and either directed to a nearby hospital, Stroger Hospital or seen by a physician at Provident, the release said.

Rigo Gomez said he thought the suspension of services was “an absurd joke.” His parents have been ER patients at the hospital in the past and see primary care doctors there, appointments Gomez is responsible for attending.

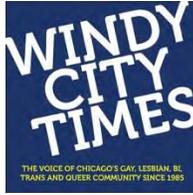
“There’s an alternative, and that’s to open up the rest of the hospital for the ER, and to bring in more medical staff, and that’s what we need. We need more. We don’t need less,” Gomez said. “They are taking away the few resources that we have. ... This is unacceptable. They have blood on their hands if they go through with shutting down the ER at Provident Hospital.”



[Coronavirus: Protestan por el cierre de la sala de emergencias del hospital Provident en Chicago](#)

April 6, 2020 – *Univision*

Enfermeros que trabajan en dicho centro hospitalario se mostraron molestos ante la decisión debido a que esta es una de las semanas más críticas de la pandemia. Por su parte, la institución indicó que el cierre se debe al desarrollo de nuevas estrategias ante el covid-19 y que evalúan la construcción de un nuevo edificio.



[Teachers Union: South Side Black residents need ready access to services](#)

April 6, 2020 – *Windy City Times*

Provident Hospital frontline workers and patients deserve solidarity, assurances that care for working class South Side Black families will improve rather than be diminished.

Registered nurses at Provident Hospital are holding a media availability during their shift change to describe how the closure of Provident Hospital’s emergency department could impact the health and safety of the patient community Provident Hospital serves. Cook County Health Systems has said that closing the ER was unavoidable due to an anticipated rise in COVID19 cases in which Provident’s ER was not physically designed to accommodate.

“Health care workers and the patients they care for at Provident deserve our solidarity and support,” said CTU President Jesse Sharkey.

CTU member and certified school nurse Dennis Kosuth moonlights at Provident, and will join other RN members of National Nurses United to raise concerns about this closure.

“South Side residents desperately need access to health care, especially with Chicago’s Black residents bearing the burden of COVID-19 deaths,” said Cook County Commissioner and CTU organizer Brandon Johnson. “Provident needs more support—not less—including support that rebuilds this hospital and strengthens Provident’s sustainability going forward. And we need to commit to strengthening our social safety net in health care across Cook County and the nation, including by pushing for Medicare For All.”

The temporary closure of Provident Hospital’s emergency department requires assurances from public agencies and health care providers that health services to working class Black families will improve rather than be diminished for South Side residents.

“Provident has been an essential health care anchor for South Siders for generations,” said Sharkey. “Just as every CPS school community deserves a nurse for every school, every Chicagoan—including South Side residents who rely on Provident—and every resident in the United States deserves access to affordable quality health care through Medicare For All. That critical need requires that we strengthen public hospitals like Provident and make that a real priority.”

What: RN availability on closure of Provident Hospital Emergency Room

Where: 500 E 51st St, Chicago, IL 60615

When: April 6, 2020 4:00 PM CT

[Health Pulse: Local COVID clinical trials ramping up • Leader of Cook County's coronavirus response dismissed • McCormick transforms into makeshift hospital](#)

April 6, 2020 – *Crain's Chicago Business*

Cook County Health wants to enroll 50 patients over the next two weeks in its clinical trials for a possible coronavirus treatment.

DETAILS ON LOCAL CLINICAL TRIALS FOR COVID-19 TREATMENT: Cook County Health is ramping up two clinical trials of a possible treatment for the coronavirus at Stroger Hospital, the leader of the tests said on Friday. Principal site investigator Dr. Gregory Huhn said the number of enrolled patients has been “in the double digits” since March 28, and that he hopes for 50 participants over the next two weeks. The health system joins 50 hospitals worldwide in investigating the drug remdesivir, previously studied in treating people with Ebola. The study is funded by the drug's manufacturer. The speed at which the clinical trials came together is unprecedented, said Huhn, an infectious disease specialist, mainly because there's no approved treatment for COVID19. Results are still a long way off, but Cook County Health has seen two patients treated with remdesivir who have been discharged from the hospital without the need for oxygen, though Huhn says it's not necessarily because of the drug. Northwestern Medicine and the University of Illinois' health system are also using remdesivir in a separate National Institutes of Health clinical trial that aims to treat 440 patients worldwide.

HEAD OF COOK COUNTY PUBLIC HEALTH IS OUT: Dr. Terry Mason, the leader of the county's public health department and its response to the COVID-19 pandemic, has been dismissed. The decision was made by interim Cook County Health CEO Deb Carey, said Cook County Board President Toni Preckwinkle without commenting on the reasons for his dismissal.

BECKER'S --- **HOSPITAL REVIEW** ---

[Cook County public health COO fired](#)

April 6, 2020 – *Becker's Hospital Review*

The COO of the Cook County Department of Public Health in Illinois has been fired, according to the Chicago Tribune.

Debra Carey, interim CEO of Chicago-based Cook County Health, confirmed that Terry Mason, MD, was no longer in the position, and his last day as COO was April 3.

"On behalf of the Cook County Health board of directors and the staff, I want to personally thank Terry for his years of service to the residents of Cook County," Ms. Carey said in a media statement. "He has been a valued member of the executive team and has contributed to our success in recent years."

Ms. Carey's statement did not provide a reason for Dr. Mason's departure, but Cook County Board President Toni Preckwinkle told the Tribune Dr. Mason had been "terminated," by Ms. Carey.

Ms. Preckwinkle said, "It's a personnel matter, and I don't comment on personnel matters," when asked about the reason for the termination.

Ms. Carey said Kiran Joshi, MD, and Rachel Rubin, MD, both Cook County Public Health Department senior medical officers since 2014 and members of the medical staff at Stroger Hospital in Chicago, have agreed to co-lead the department.

"Both Drs. Joshi and Rubin have been deeply involved in public health's response to COVID-19 since the beginning and have my full support and deep gratitude," Ms. Carey stated.

Dr. Mason, who had been heavily involved in coordination of the COVID-19 response, joined Cook County Health in 2009 as CMO and served as the health system's interim CEO. In 2013, he transitioned into the COO role at the Cook County Department of Public Health, which is part of the health system, according to the Chicago Sun-Times.

The Sun-Times was first to report Dr. Mason's departure. Dr. Mason was Chicago's public health commissioner before working for Cook County.

An attempt by the Tribune to reach Dr. Mason for comment was not successful.

[Mason Out At Cook County Health Department, Provident Hospital To Close ER](#)

April 6, 2020 – *Health News Illinois*

One of Cook County’s top health officials has been let go, officials confirmed last week.

Friday was the final day for Dr. Terry Mason, Cook County Department of Public Health’s chief operating officer. He had served in the role since 2013.

Cook County Board President Toni Preckwinkle told reporters that Mason was fired. She declined to provide additional details, calling it a personnel matter.

Dr. Kiran Joshi and Dr. Rachel Rubin will co-lead the organization, said Cook County Health interim CEO Debra Carey. Both have been senior medical officers at the county department since 2014, as well as members of the medical staff at Stroger Hospital

“I want to personally thank Terry for his years of service to the residents of Cook County,” Carey said in a statement. “He has been a valued member of the executive team and has contributed to our success in recent years.”

Additionally, the health system announced Friday that they will temporarily close the operating room and emergency room at Provident Hospital for “reconfiguring the current flow of patients, increasing space between patients and creating and equipping areas to function as isolation areas” in the wake of the new coronavirus pandemic.

The units are tentatively set to reopen May 6, though officials said they hope it can be sooner.

Patients who present to the hospital during this time with an emergent need will be triaged and either directed to a nearby hospital, Stroger Hospital or seen by a physician at Provident.

N'DIGO

Why Was Dr. Terry Mason Fired?

April 5, 2020 – N'DIGO

Dr. Terry Mason, chief architect of Cook County's COVID-19 response, was relieved from his duties as the chief operating officer for the Cook County Department of Public Health. Debra Carey, Interim CEO of the Cook County Health and Hospitals Systems, fired him.

This is the world of Cook County Board President Toni Preckwinkle, who said, "Mason was terminated. It's a personnel matter and I don't comment on personnel matters." She thanked Mason for his seven years of service. So, when did interims start firing executives?

The people of Cook County are owed a real explanation from Madame Preckwinkle. Dr. Terry Mason has been an integral and exemplary part of the Chicago and Cook County health scene for decades.

By training he is a urologist who was on call at Michael Reese and Mercy hospitals in addition to his private practice. He developed a specialty service for male erectile dysfunction and prostate cancer.

Terry left a lucrative private practice to devote time to public service. He has served as the Commissioner of Health for the City of Chicago, responsible for over 1,200 employees and with an annual operating budget of about \$200 million dollars.

He is an advocate of healthy living with instructions on how through his lectures in churches, community organizations and hotel conference rooms. He is sought after nationwide for advice and consultation on health/medical matters.

His love is what he labels "community medicine." He has a stellar record as a medic, from a practicing doctor to public administration, so how do you fire this top-notch, world-class doctor in a time of an unknown medical crisis that has created havoc worldwide?

What's Going On At The County Level?

Cook County Board President Toni Preckwinkle owes the public an explanation as to why Mason was fired and what the County is doing in this time of the emergency coronavirus crisis.

The county board sets policy and laws for the county regarding public health services, and the board president should be leading the way. Where is Preckwinkle's daily press conference?

Since the virus is still weeks from peaking in Illinois, not only is it curious that the esteemed Mason was fired suspiciously, but how could you fire him at this time of crisis, when Governor Pritzker is desperately calling for medical personnel, young and old, retired and working, to come to the aid of the patients of the State of Illinois who may be affected by this terrifying virus.

Preckwinkle's judgment is being publically questioned, not only in the Mason firing, but also in the closing of Provident Hospital's Emergency Room. The ER closes as a time when the virus makes available hospital beds premium real estate.

The hospital should be virus ready as it sits across the park from The University of Chicago Medical Center, where a joint venture is waiting. What is Cook County Hospital, one of the world's largest, doing to accommodate virus patients? Couldn't the old building be readied and made available for an overflow of patients?

If McCormick Place could be turned into an "operating medical edifice" in five days, what could the old County Hospital do or become? If other closed hospitals can be reopened and repurposed, why couldn't the old Cook County Hospital? And what is being done with Stroger Hospital with its 450 beds that have served the county's indigenous community for the past 180 years. Is it virus-ready?

This is crucial to know since African Americans account for 30 percent of the coronavirus cases in Illinois, according to Dr. Ngozi Ezike, director of the Illinois Department of Public Health.

According to early data analyzed by WBEZ, while Black residents make up only 23 percent of the population of Cook County, they account for 58 percent of the COVID-19 deaths. And half of the deceased lived in Chicago, according to data from the Cook County Medical Examiner's office.

As of Saturday, April 4, 107 of Cook County's 183 deaths from COVID-19 were Black. In Chicago, 61 of the 86 recorded deaths – or 70 percent – were Black residents. Blacks make up 29 percent of Chicago's population.

Preckwinkle seems absent from the process and procedure. She did not appear at the transformation of McCormick Place with Chicago Mayor Lori Lightfoot and Governor J.B. Pritzker. She was absent. Why did she not participate with them? Is this political minutia?

Mason is the third high ranking health official to be cut from county government in recent months. In November, the Board of Cook County Health voted to oust Dr. John Jay Shannon, the CEO of the county's health arm. In February, the health system's chief financial officer, Ekerete Akan, was dismissed.

I am publicly questioning the decision making of President Toni at this time in the dismissal of Dr. Terry Mason and the shut down of the emergency room at Provident Hospital.

Poor judgement, it seems to me. I am asking for a public explanation as to why Dr. Terry Mason was fired and you cannot hide behind the "this is a personnel matter" mask. This is a public safety matter and this is not the time to abort your duties.

For the sake of full disclosure, Toni Preckwinkle is on record as saying that she does not like me. It is personal on her part. I am on public record, private and personally, for an absolute early support of Lori Lightfoot's mayoral run, when she victoriously won each and every city ward in the 2019 election over Preckwinkle.

Leadership Matters

One of the things learned from this virus epidemic is that leadership matters. Contemporary voting tends to lean to image making, TV commercials, digital hits, algorithms, rally audiences, suits and ties, dresses, pantsuits, hairstyles, TV debates and other optics.

The policy questions become second tier and almost incidental. The debate team has a brand new question, “What Would You Do If...?” We the voters need to firmly realize the politician that you vote for, from alderman to president, can make decisions that affect your very life.

Former Chicago Mayor Rahm Emanuel has said, “Crisis reveals character.” So maybe we should ask politicians now about their character. Voting is more important today than ever as we see the Democrats begin to plan for a “virtual election” while the Republicans under Trump say “no” under no circumstance to that, as well as an absolute “no” to mail voting.

We will more than likely see different voting patterns in the election of 2020; we just don’t know what it will look like yet. But this is an election year, perhaps the most important in our lifetime, and in some way, voting will take place.

We’ve only begun the second quarter, but the year 2020 is shot in almost every way already. The economy is devastated and the government will be challenged to step it up to bail out industries as well as small and independent businesses. We are looking at a Greater Depression head on.

The medical community next year will be totally reconsidered as it is redesigned and revamped in every way, from personnel to medical supplies. We will see a new medical system emerge from this Covid-19 disaster, and rightfully so.

Hopefully soon, the entertainment community will resume with live music, festivals, movies and theater. We need creative expression immediately. Restaurants have changed and carryout will probably become a permanent part of the menu, even with the fine diners and world-class restaurants.

The world of media once again has changed, as we see reports coming from living rooms with Zoom guests. Because of the demonstrated viability of working at home, corporate real estate will change and budgets will change. Do you really need all that office space anymore, if employees can work effectively from home?

Newness will come forth in interesting ways, like Zoom and conference calls. Facebook Live and Instagram have taken on new meaning as entertainers and DJs actually perform live on them from their back yards and living rooms.

We are entering a brand new world of the unknown as we stay home and get to know families better and read and cook and work and exercise and figure it all out.

So this is not a time for political shenanigans for any reason, and I hope Preckwinkle has a good reason to fire the lead guy in charge of the health team at this time. If not, it’s just time for her to go.

Change.



[Cook County Public Health Officer Fired Amid Coronavirus Response](#)

April 4, 2020 – *Patch*

The chief operating officer of the Cook County Department of Public Health was terminated Friday without explanation.

One of the top health officials responsible for coordinating the response to the outbreak of the new coronavirus in suburban Cook County was fired without explanation Friday.

Dr. Terry Mason, the chief operating officer of the Cook County Department of Public Health, was terminated after more than a decade working for the county, the Chicago Sun-Times reported.

Interim Cook County Department of Public Health CEO Debra Carey released a statement thanking Mason for his service and announcing Doctors Kiran Joshi and Rachel Rubin, senior medical officers, would replace him.

"[Mason] has been a valued member of the executive team and has contributed to our success in recent years," Carey said. Before becoming chief medical officer of Cook County Health in 2009, Mason was the public health commissioner for the city of Chicago and a urologist at Mercy Hospital, according to the Sun-Times.

Carey made the decision to fire Mason, Cook County Board President Toni Preckwinkle told the Chicago Tribune. She declined to comment on why he was terminated because she does not comment on personnel matters, the Tribune reported.

The Sun-Times reported Mason was the third high-ranking official in the department to have been removed in the past six months. The board voted to dismiss its CEO in November 2019 and its CFO was ousted in February.



[Cook County Public Health Officer Fired Amid Coronavirus Response](#)

April 4, 2020 – MSN

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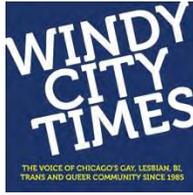
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[Cook County public health chief fired](#)

April 4, 2020 – *Windy City Times*

Dr. Terry Mason—Cook County's public health chief, and a key player in the coordination of the response to the COVID-19 pandemic—has been fired, The Chicago Tribune reported.

"[April 3] ... will be Dr. Terry Mason's last day as the chief operating officer for the Cook County Department of Public Health," Cook County Health and Hospitals System Interim CEO Debra Carey, said in a statement.

Cook County Board President Toni Preckwinkle said Mason was "terminated," a decision made by Carey. Asked why, Preckwinkle said, "It's a personnel matter, and I don't comment on personnel matters."

CHICAGO SUN★TIMES

[Cook County's chief architect of COVID-19 response ousted, puzzling some, alarming others](#)

April 3, 2020 – *Chicago Sun-Times*

Cook County Commissioner Larry Suffredin said he hadn't been given a "coherent" explanation for why Dr. Terry Mason was let go. Suffredin said all of his experiences with the former head of the public health department in the past 10 days had been positive.

The veteran public health official at the forefront of Cook County's response to the coronavirus crisis was handed a pink slip Friday, prompting surprise and concern from some county commissioners who said they thought he was doing a good job.

No official reason was given for Dr. Terry Mason's departure, but Cook County Board President Toni Preckwinkle said he was terminated.

Adding to the day's drama, Cook County Health announced Friday that it would close the emergency department at Provident Hospital for about a month starting Monday to figure out a better way to handle the "large volume of patients" and "challenges of a pandemic" at the South Side hospital.

Mason joined Cook County Health as the system's chief medical officer before transitioning into the role of chief operating officer of the Cook County Department of Public Health, which is part of the health system, in 2013.

Before going to work for the county in 2009, the former Mercy Hospital and Medical Center urologist spent nearly four years as Chicago's public health commissioner. For decades, he was host of WVON-AM's radio talk show "Doctor in the House."

Debra Carey, the interim CEO of Cook County Health, said in a statement that Friday was Mason's last day.

Doctors Kiran Joshi and Rachel Rubin, who have both been senior medical officers at the county department since 2014 and members of the medical staff at Stroger Hospital, have agreed to step in and co-lead the department effective immediately, Carey's statement continued.

"On behalf of the Cook County Health Board of Director and the staff, I want to personally thank Terry for his years of service to the residents of Cook County," Carey said in the statement. "He has been a valued member of the executive team and has contributed to our success in recent years."

Mason was one of the main faces of the county's response to coronavirus, though Joshi and Rubin have been "deeply involved in public health's response to the coronavirus since the beginning and have my full support and deep gratitude," Carey said in a statement.

Mason is the third highest ranking health official to be cut from county government in recent months. In November, the Board of Cook County Health voted to oust Dr. John Jay Shannon, the CEO of the county's health arm.

In February, the health system's chief financial officer, Ekerete Akpan, was dismissed.

Cook County Commissioner Larry Suffredin, D-Evanston, said he hadn't been given a "coherent" explanation for why Mason was let go, saying all of his experiences with the former head of the public health department in the past 10 days had been positive.

"I always felt Terry Mason did a good job, and I always enjoyed working with him, but obviously Debra Carey and [chair of the health system's board of directors] Hill Hammock felt it was time for a change," Suffredin said.

Commissioner Sean Morrison, R-Palos Park, found the move "very alarming" considering the spread of coronavirus throughout the county.

"This coronavirus is very real, we haven't even hit the apex yet, that's a few weeks away," Morrison said. "I think he did a good job."

Chicago Tribune

[Dr. Terry Mason, head of Cook County's public health department, out amid pandemic](#)

April 3, 2020 – *Chicago Tribune*

Cook County's public health chief, a key player in the coordination of the response to the COVID-19 pandemic, has been fired as the number of coronavirus-stricken patients continues to surge.

The unexpected termination of Dr. Terry Mason, who once also headed up the city of Chicago's health department, was confirmed by county officials on Friday, which they said would be his last day.

That ends seven years at the helm of a department charged with, among other things, preventing and managing disease outbreaks in suburban Cook.

"Today ... will be Dr. Terry Mason's last day as the chief operating officer for the Cook County Department of Public Health," Debra Carey, Interim CEO of the Cook County Health and Hospitals System, said in a statement.

Cook County Board President Toni Preckwinkle said Mason was "terminated," a decision made by Carey. Asked why, Preckwinkle said, "It's a personnel matter, and I don't comment on personnel matters."

But she expressed confidence in Carey to make the decision to fire Mason and put two other doctors in charge of the public health department.

An attempt to reach Dr. Mason for comment was not immediately successful.

Carey said Dr. Kiran Joshi and Dr. Rachel Rubin, both public health department senior medical officers, are stepping in to take his place, she added.

Mason's departure was first reported by the Sun-Times.



[Dr. Terry Mason, head of Cook County's public health department, out amid pandemic](#)

April 3, 2020 – MSN

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Mason's departure was first reported by the Sun-Times.

Chicago Tribune

[Coronavirus in Illinois updates: Here's what happened April 3 with COVID-19 in the Chicago area](#)

April 3, 2020 – *Chicago Tribune*

Provident Hospital being refitted to handle possible surge in COVID-19 patients

A small South Side community hospital run by the Cook County Health and Hospitals System is being refitted to handle a possible surge in COVID-19 patients if needed, officials announced Friday.

The emergency room at Provident Hospital will cease operations Monday so it can be renovated to better handle patients during the pandemic, according to a statement from the health system.

“We basically determined it was impossible to maintain social distancing because of the layout of the emergency room,” County Board President Toni Preckwinkle told the Tribune.

The hospital’s operating room already has been shut down because it only handled elective procedures, which are on hold during the pandemic.

The two patients in Provident’s six-bed intensive care unit have been transferred to the much larger Stroger Hospital that’s also part of the county health system, Preckwinkle said.

About 50 now-unstaffed beds at Provident will be outfitted to treat patients, if needed as COVID cases continue to increase in Chicago and the suburbs, she said. Hospital officials said the idea is to reduce pressure on Stroger Hospital, if enough medical personnel can be found to handle patients at Provident.

Other changes at Provident include reconfiguring the flow of patients, increasing space between them and creating isolation areas, health system officials said.

The extra capacity efforts at Provident come as city and state officials make plans to handle patients at McCormick Place, shuttered suburban hospitals that are being reopened and possibly even hotels.

“In our health care system, we have just enough beds (for ordinary times), but unfortunately just enough beds is not enough in a pandemic,” Preckwinkle said.

A plan to build a new, \$240 million Provident Hospital was put on hold last month after the ouster of Dr. Jay Shannon, the health system’s former CEO.

Cook County’s public health chief, a key player in the coordination of the response to the COVID-19 pandemic, has been fired as the number of coronavirus-stricken patients continues to surge.

The unexpected termination of Dr. Terry Mason, who once also headed up the city of Chicago’s health department, was confirmed by county officials on Friday, which they said would be his last day.

[Cook County's head of COVID response is out](#)

April 3, 2020 – *Crain's Chicago Business*

The decision to remove Dr. Terry Mason was made by the interim Cook County Health CEO, said Cook County Board President Toni Preckwinkle.

The leader of the Cook County Department of Public Health and the county's response to the COVID-19 pandemic has been dismissed.

The decision to remove Dr. Terry Mason was made was made by interim Cook County Health CEO Deb Carey, said Cook County Board President Toni Preckwinkle.

Preckwinkle would not comment on Mason's tenure or the reasons for his dismissal but thanked him for his service.

In a statement, Carey echoed the sentiment but did not offer a reason for Mason's dismissal. "On behalf of the Cook County Health Board of Directors and the staff, I want to personally thank Terry for his years of service to the residents of Cook County. He has been a valued member of the executive team and has contributed to our success in recent years," she said.

His departure comes not only in the midst of a pandemic, but following the high-profile exits of Cook County Health CEO Jay Shannon and Chief Financial Officer Ekerete Akpan, continued financial pressures on Cook County Health and a recent shift in some health system control from its independent board back to the Cook County Board of Commissioners.

The Department of Public Health is an affiliate of Cook County Health but reports to the Cook County Board of Commissioners.

Dr. Kiran Joshi and Dr. Rachel Rubin, public health "senior medical officers since 2014 and members of the medical staff at Stroger Hospital, have agreed to step in and co-lead the organization effective immediately," Carey said in her statement. "Both Drs. Joshi and Rubin have been deeply involved in public health's response to COVID-19 since the beginning and have my full support and deep gratitude."

Some county sources were surprised to learn of Mason's exit, before the virus is expected to peak locally.

Mason, a practicing urologist for three decades, joined Cook County Health as chief medical officer in 2009, transitioning to Chief Operating Officer at the Department of Public Health in 2013.

The Chicago Sun-Times first reported that Mason was out.

Separately, Preckwinkle said the county is closing and deep cleaning the emergency department at Provident Hospital on the South Side "to reconfigure the space to conform to social distancing requirements," shutting down the hospital's six intensive care unit beds, and transferring two ICU patients to Stroger Hospital. Stroger,

located in the Illinois Medical District, about 8 miles away, historically has treated patients with more complex medical needs.

"We have previously closed the operating room at Provident in response to the CDC's declaration that all elective surgeries should be ended," Preckwinkle said. She expects Stroger to have 75 beds "made available for the COVID-19 surge."

Leaders are also considering using the unstaffed beds at Provident to reduce the expected pressure on Stroger, but it would require additional staffing, according to a statement.



[COO of Cook County Public Health reportedly ousted amid pandemic](#)

April 3, 2020 – *WGN 9 Chicago*

The chief operating officer for the Cook County Department of Public Health was ousted from his job Friday, according to the Chicago Sun-Times.

After serving since 2013, Dr. Terry Mason was terminated, sources told the Sun-Times. An official reason by Cook County Health was not given.

Mason has led Cook County Health's COVID-19 response since the pandemic began.

Dr. Kiran Joshi and Dr. Rachel Rubin, both CCDPH senior medical officers since 2014, have agreed to step in and co-lead the organization effective immediately.

Cook County Health also announced Friday that the emergency room at Provident Hospital on the South Side will close for about a month starting on Monday. The department cited challenges of the pandemic as reason for the closure.

Prescription refills for Cook County Health patients will be available at the Sengstacke Clinic inside the hospital Monday through Friday from 8 a.m. to 4 p.m.

Cook County Health released the following statement below from Interim CEO Debra Carey.

Today, April 3, 2020, will be Dr. Terry Mason's last day as the Chief Operating Officer for the Cook County Department of Public Health.

On behalf of the Cook County Health Board of Directors and the staff, I want to personally thank Terry for his years of service to the residents of Cook County. He has been a valued member of the executive team and has contributed to our success in recent years.

Dr. Kiran Joshi and Dr. Rachel Rubin, both CCDPH senior medical officers since 2014 and members of the medical staff at Stroger Hospital, have agree to step in and co-lead the organization effective immediately.

Both Drs. Joshi and Rubin have been deeply involved in public health's response to COVID-19 since the beginning and have my full support and deep gratitude.

Daily Herald

Cook County health official ousted

April 3, 2020 – *Daily Herald*

A veteran public health official at the forefront of Cook County's response to the coronavirus crisis was handed a pink slip Friday, prompting surprise and concern from some county commissioners who said they thought he was doing a good job.

No official reason was given for Dr. Terry Mason's departure as chief operating officer of the health department, but Cook County Board President Toni Preckwinkle said he was terminated.

County Commissioner Larry Suffredin, an Evanston Democrat, said he hadn't been given a "coherent" explanation for why Mason was let go, saying all of his experiences with the former head of the public health department in the past 10 days had been positive.

Commissioner Sean Morrison, a Palos Park Republican, found the move "very alarming" considering the spread of coronavirus throughout the county.



[Cook County Health Director Fired](#)

April 3, 2020 – *WBBM Newsradio*

In the midst of dealing with the coronavirus pandemic, Cook County's health director has been fired, and officials are not saying much about the circumstances.

Dr. Terry Mason, who was once Chicago's health commissioner, has been one of the faces of Cook County's response to COVID-19. But he was terminated and replaced by a pair of his top medical officers.

County Board President Toni Preckwinkle on Friday wouldn't say why, citing the privacy of personnel matters.

Preckwinkle said Mason will be replaced by Rachel Rubin and Kiran Joshi, both medical doctors.

In other news, the county's Provident Hospital will be shutting down its Emergency Room for about a month. Preckwinkle says it needs to be re-configured to allow for social distancing.

Cook County has two hospitals. Stroger is the flagship, but Provident Hospital serves the South Side.

Provident has already shut down its operating room and is closing its Intensive Care Unit. It will convert that ICU and add 50 additional beds to care for coronavirus patients, Preckwinkle said.



Cook County Health Director Fired

April 3, 2020 – *US 99 Radio*

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[ROUNDUP: Chicago and Illinois brace for mounting COVID-19 deaths, adjust to new normal](#)

April 3, 2020 – *Chicago Reporter*

Pandemic spending, budgeting, and governance

Lightfoot granted herself extraordinary powers to move money around without City Council approval by issuing an executive order declaring a state of emergency earlier this month and created a new section of the city's 2020 budget to consolidate coronavirus related expenses, Chicago Tribune details. She insists that the city can weather the fiscal storm of COVID-19, downplaying the impact of the drop in city revenues, Chicago Sun-Times reports. S&P says Chicago is unlikely to run out of money to pay its bills but has little room for error and will jeopardize its credit quality and rating if it doesn't stay on plan to meet growing pension-funding requirements, Crain's Business Chicago details.

Cook County commissioners approved a measure temporarily expanding Board President Toni Preckwinkle's power to make some decisions independently without their direct approval. The county health system is taking a major hit by dropping elective surgeries, its biggest moneymaker, but will continue its mission of providing care regardless of a patient's ability to pay, Crain's Chicago Business reports.

Cook County's chief COVID-19 response architect and longtime public health official, Dr. Terry Mason, was ousted from his position as Cook County Public Health Department chief operating officer Friday, Chicago Sun-Times reports.

Pritzker has yet to come up with a plan for filling the holes the coronavirus crisis will blow in this year's budget, which will need to be wholly rewritten, Chicago Tribune reports as the state lacks much of a rainy day fund. The state's delayed income tax filing deadline may affect cash flow while it waits for billions in federal relief, the Bond Buyer reports.

Unlike New York Gov. Andrew Cuomo, who deemed most residential and commercial construction non-essential, Pritzker considered construction projects essential business, Block Club Chicago reports, allowing large developments to press ahead, Curbed Chicago details. Uber, however, has temporarily stopped construction of its office space in the Old Post Office, delaying its move in date to next year, Crain's Business Chicago reports.

While some Chicago voters found out their primary mail-in ballots were rejected, CBS Chicago reports, state legislators are split over expanding mail balloting for the general election, according to Crain's Chicago Business.



[Hospital Stroger en Chicago se prepara para un aumento de pacientes con coronavirus](#)

April 3, 2020 – Univision



Robert Feldman, médico del centro hospitalario, aseguró que es posible un incremento de personas contagiadas en las próximas dos semanas e indicó que este recinto cuenta actualmente con suficientes equipos para atender la emergencia. Asimismo, recalcó la importancia de que la gente permanezca en casa para mitigar la propagación de la enfermedad.



[Cook County Health Running Clinical Trials On Drug To Fight COVID-19](#)

April 3, 2020 – *WBBM Newsradio*

There are a few clinical trials being done of a particular drug that might have promise in the fight against COVID-19 and one of those studies is being done by doctors at Cook County Health.

Cook County Health is among 100 locations worldwide looking at the possible effectiveness of five- and 10-day treatments of the drug Remdesivir. It's already a drug found to be effective against Ebola.

Infectious disease Dr. Gregory Huhn, of Cook County Health, said patients started being enrolled in the study nearly a week ago. In all, Dr. Huhn said 50 patients at Stroger Hospital of Cook County will be part of the clinical trial.

The trial has two parts, one for patients with moderate COVID-19, the other for those with severe cases of the disease. Most coming in to the hospital now, he said, are severe.

"We have had a couple of patients that have completed their course and those patients are going home off oxygen. So, a good sign, an early sign, but still too soon, much too soon to determine the overall effectiveness," he said.

Dr. Huhn said he's not aware of any patients with severe cases of COVID-19 being discharged from the hospital.

Dr. Huhn said Remdesivir inhibits the replication of the coronavirus that causes COVID-19.

"It limits the potential for acceleration of the virus to get to very high numbers in the body that could potentially drive respiratory damage and worsen pneumonia," he said.

All the patients in the Cook County Health trial have viral pneumonia.

"Patients that don't require oxygen, they are randomized. They have a one in three chance of either five days of Remdesivir, 10 days of Remdesivir or standard of care, which would be no drug," Dr. Huhn said.

The doctor said the patients are observed during their hospitalization to see how their oxygen status is doing up until they're discharged. Patients know if they're getting the drug or not and for how long, if they are getting it.

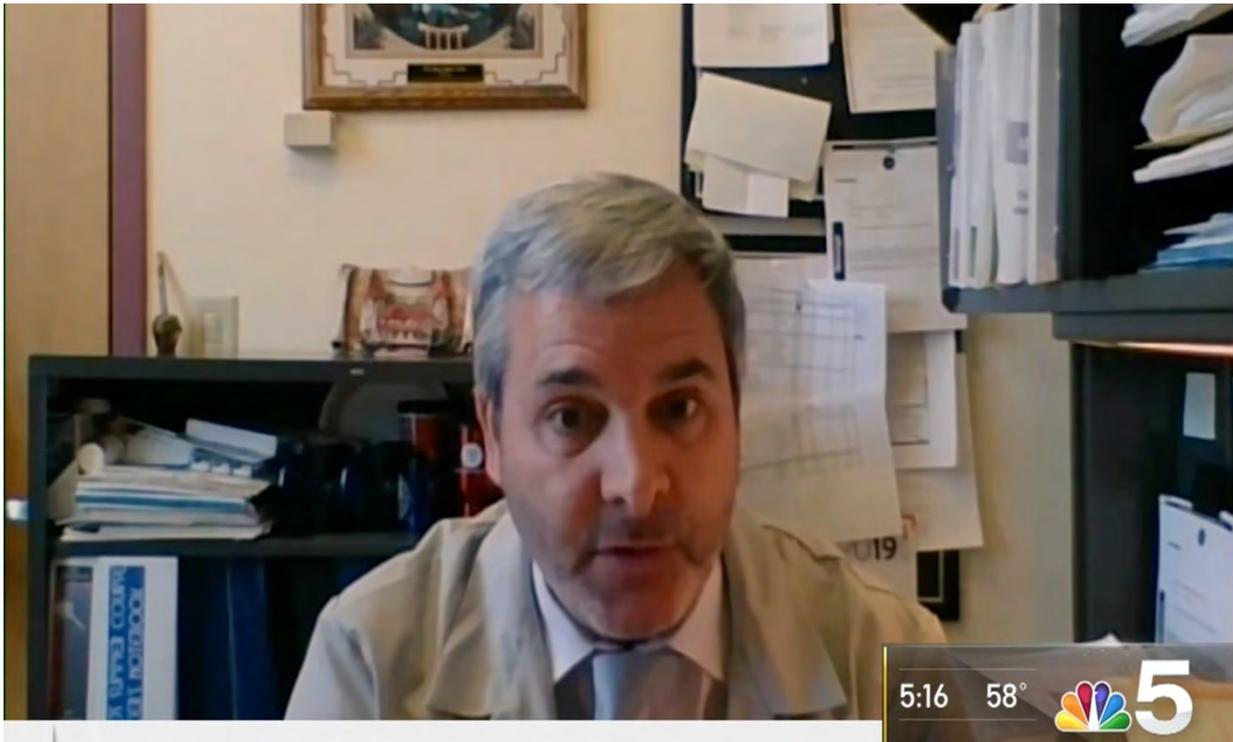
Dr. Huhn said he feels it's important for Cook County Health to be part of the study of Remdesivir. "

We feel that this is an important opportunity to be on the leading edge, to be on the vanguard to offer, hopefully, a potentially effective and safe therapy," he said.



[Cook County Health Conducts Clinical Study For Possible Coronavirus Treatment](#)

April 3, 2020 – NBC 5 Chicago



Chicago is playing a role in the search for a treatment of patients with coronavirus.

Cook County Health is one of three medical centers in Chicago leading some of the first clinical trials for a possible treatment for COVID-19.

The study could determine whether or not a medication called Remdesevir, used to treat Ebola and tested on animals for both MERS and SARS, could be used to treat patients with coronavirus.

"I think it could potentially bring a tremendous benefit to our patients," said Dr. Gregory Huhn, infectious disease physician at Cook County Health. "The drug works by shutting down the ability of the virus to replicate at high levels."

The study is being conducted worldwide, in about 100 clinical sites in dozens of countries. In the Cook County health system, they hope to enroll up to 50 patients who tested positive for coronavirus. Two out of the six patients who enrolled so far are showing positive results.

"One patient left the hospital already without oxygen. The second patient has not required oxygen and is doing quite well, responding to the therapy," said Dr. Huhn. "It's really encouraging," he added.

To qualify for the study, adults must enroll within four days of testing positive for COVID-19. Then, they receive a daily injection of Remdesivir for five or 10 days, depending on the severity of their case. The majority of participants are experiencing moderate to severe symptoms.

"This is an important study that will help us understand therapies that are safe, effective and really desperately needed in this time," said Dr. Huhn.

The clinical trials are still in their first phase. But Dr. Huhn said we could have some results in a few weeks. If all goes well once the studies are completed, then it would be up to the Federal Drug Administration to approve the treatment for nationwide use.

The study is funded by Gilead Sciences Inc., the drug maker of Remdesivir.

CHICAGO SUN★TIMES

[Preckwinkle boned up on history before writing her own chapter battling pandemic](#)

April 3, 2020 – *Chicago Sun-Times*

In an interview with the Chicago Sun-Times, she talks about Cook County’s response to the virus and how it has affected her personally.

Toni Preckwinkle was more prepared than most for the upheaval unleashed by the coronavirus thanks in part to her habit of scouring the shelves of her neighborhood bookstore.

Early this winter, perusing the stacks at Powell’s Books in Hyde Park, the Cook County Board president happened upon “Pandemic 1918: Eyewitness Accounts from the Greatest Medical Holocaust in Modern History.”

She bought the book on the deadly Spanish influenza pandemic to be ready even though she had little idea of the “nightmare” ahead.

“We started hearing about the pandemic in China, of course, in December,” Preckwinkle said. “So it was on the remainder shelf at Powell’s, and I said, ‘Well, this is coming, so I should read this book.’ ”

She soon started sounding the alarm. She’d bring the sobering book to work and call for meetings even as some of her staff was “snickering” about the boss’s concern, according to chief spokesman Nick Shields. No one’s laughing now.

In an interview with the Chicago Sun-Times, Preckwinkle talked about the county’s response to the virus and how it has affected her personally — from checking in on her daughter, a nurse whose patients are immune-compromised, to watching episodes of “The Crown” and “The Letter for the King” as a break from a bleak reality.

About two-thirds of the employees in Preckwinkle’s office are working from home, thanks to the shelter-at-home demands sparked by the rapidly spreading coronavirus pandemic.

But Preckwinkle and two other employees still come to her offices at the county building, 118 N. Clark St.

Shields said a “handful” of employees have the virus, though he believes no one has died.

Preckwinkle is holding meetings and conferences online as so many others now are doing.

“We’ve been doing these Zoom things, which my staff is helping me do,” Preckwinkle said. “I don’t like it.”

When Shields interjected to say the county is actually using Microsoft Teams, not Zoom, Preckwinkle thanked him wryly for the correction.

The Hyde Park Democrat is navigating the crisis much like everyone else, though with the demanding addition of her government duties.

And like virtually everyone else, Preckwinkle has been affected by it. A friend lost an aunt, and two of the woman's cousins were hospitalized this past week. And then Preckwinkle got a call that Archbishop Lucius Hall, founder and pastor of First Church of Love and Faith and a leader in gospel circles, had died. His South Side church lost six of its parishioners in the past week, Preckwinkle said.

"We will not get through this without knowing people who are sick and knowing people who have passed away," she said.

There's also her daughter, a nurse at a dialysis center who's been going to work every day and yells at her "to be careful." Preckwinkle worries, especially given the health concerns of her daughter's patients.

As for not appearing regularly at Gov. J.B. Pritzker's daily COVID-19 briefings, Preckwinkle said, "Those are the governor's press conferences."

A spokeswoman for the governor said invitations to Preckwinkle and Mayor Lori Lightfoot go out "probably at least one a week or every other week" and depend on "what we're doing that's statewide or city based" or "what message we're sharing that day."

And the frosty relationship between Preckwinkle and the woman who beat her in last year's mayoral race apparently has been suspended, like so many other things.

Preckwinkle said she spoke with the mayor in the past week about "some of the challenges the city faced around school closures" and that their chiefs of staff speak regularly.

The mayor angered many when she ordered the lakefront and public spaces closed — and spawned a social media barrage of memes depicting a scowling Lightfoot standing guard over everything from the Lakefront Trail to the Last Supper.

Preckwinkle has avoided all that by declining to shut down the forest preserves, saying she hasn't seen much crowding.

But, like Lightfoot, Preckwinkle has held her own news conferences on a range of coronavirus-related topics, including making sure people complete their census forms, providing small businesses with relief and describing the state of the county's health care system.

Preckwinkle said she is focused on the care the county provides and on making sure there are as few people in the "petri dish," or the Cook County Jail, as possible.

The potential increase in uninsured patients needing intensive care is creating a "tremendous financial challenge," Preckwinkle said, to a health system and county government overall that already was under intense financial pressure to provide unreimbursed charity care.

Asked whether the health system's finances could become a coronavirus casualty themselves, Preckwinkle said, "We hope not. We will, as we have in the past, care for the majority of the uninsured."

Chicago Tribune

[Chicago-area counties are sharing data on coronavirus cases. Here are the links.](#)

April 2, 2020 – *Chicago Tribune*

As communities across Illinois grapple with the spread of the novel coronavirus, there is a growing list of government sites that feature local data on the outbreak.

The Tribune is [tracking statewide cases here](#), including how the outbreak has grown over time, which counties are most affected and some demographic data.

The Tribune is also [remembering people who lost their lives](#) from coronavirus. If you know someone you can [get in touch with us here](#).

Here is a breakdown of some of the data available from local officials:

- Illinois: The state has webpages up on [overall cases and tests](#) as well as a [map and list of county](#) information. The state's data updates each afternoon around 2:30 p.m.
- Chicago: The Chicago Department of Public Health posts a breakdown of deaths and confirmed cases by age and sex. The page also lists the number of Chicago residents who needed to be hospitalized. [See it here](#).
- Suburban Cook: The Cook County Department of Public Health is posting data detailing coronavirus cases by age, race, sex and severity. It also has an interactive map of towns where cases are concentrated. [See it here](#). The suburban Cook data excludes Chicago (link above), Evanston (data on [number of cases here](#)), Oak Park (daily [status report here](#)), Skokie ([cases and age range here](#)) and Stickney (details on its response, but no case data [here](#)).
- DuPage: DuPage County's dashboard has details on the number of cases by age, sex and town. A map shows concentration of cases by town. [See it here](#).
- Kane: The Kane County Health Department posts a dashboard breaking down cases by municipality, age and sex. [See it here](#).
- Kendall: The county's website has an updating list of resources and information from the state but no breakdown of cases. [See it here](#).
- Lake: The Lake County Health Department is counting the number of confirmed cases and features an interactive map that shows the number of cases in each municipality. [See it here](#).
- McHenry: The county is posting the number of cases and deaths. [See it here](#).
- Will: The county has a dashboard that keeps track of number of deaths and confirmed cases. [See it here](#).

[Coronavirus could hit low-income, minority communities harder due to health care disparities](#)

April 1, 2020 – WGN 9 Chicago



As we struggle to diagnose, treat and hopefully recover from COVID-19, communities of color and those with lower incomes face an even steeper challenge.

Disparities in healthcare when it comes to minority and low income communities are not new, according to Dr. Claudia Fegan, chief medical officer for Cook County Health.

For instance, Fegan said breast cancer statistics show white women who are high school dropouts have better survival statistics than black women who have a college degree.

“We have to acknowledge the disparity that exists in the delivery of healthcare in this country,” Fegan said. “Access is a very important issue and should not be diminished, but also being able to deliver care to people and not do it in a one-box-fits-all.”

Another problem is underlying health conditions such as asthma, diabetes and heart disease, which are prevalent in communities of color and increase a person’s vulnerability to coronavirus.

Retired attending physician Dr. Susan Rogers said living conditions also play a role.

“People are living in a more dense environment which makes the transmission of the COVID-19 virus more and then there’s not an opportunity for testing, healthcare early on for any disease including [COVID-19],” Rogers said.

The latest statistics of confirmed cases of COVID-19 in Illinois from the Illinois Department of Public Health show 33 percent are white, 31 percent black, 10 percent identify as “other,” three percent are asian and 23 percent didn’t answer.

When it’s broken down by ethnicity, 54 percent are non-hispanic, eight percent are hispanic and 38 percent didn’t answer. But Dr. Fegan says those numbers likely don’t tell the whole story.

“I don’t think we have a good handle on what the community prevalence is because we have really not uniformly began testing those under 65, and the majority of people who present with these symptoms to our emergency departments,” Fegan said.

Rogers said having no insurance or poor coverage also plays a role, and as the head of Physicians for National Health Programs, pushes for Medicare For All as a potential solution.

“It’s difficult to access care because of not being insured, not having healthcare facilities in some neighborhoods, so minorities have been disenfranchised from health care for a variety of reasons over the years,” Rogers said.

Both Dr. Rogers and Dr. Fegan say there are no easy answers, but social distancing and washing your hands are the best things we can all do right now.



Should You Be Wearing A Mask During The COVID-19 Outbreak?

April 1, 2020 – CBS 2 Chicago



A couple of questions during the coronavirus outbreak:

Should you be wearing a mask? Could it save your life?

There are reports from the CDC that soon you may need one.

CBS 2's Vince Gerasole has the story.

The recommendation has long been that healthy people don't need the masks to protect them from the coronavirus. The masks could force you to touch your face and eyes more.

But new information suggests more infected people could be walking round without symptoms, and a mask could stop them from spreading it.

The faces of Chicagoans tell the story. In a public health crisis, some choose to wear a mask, some not. And up to now, guidance from the Centers For Disease Control and the Cook County Department of Public Health has been clear: Masks really only help the ill.

"If you are an individual who is asymptomatic, you don't suspect you are ill with any respiratory illness or coronavirus, you don't need to wear a mask," said Rachel Rubin of the Cook County Health Department.

But published reports citing CDC sources indicate that might be changing.

Data collected from an exposed cruise ship, for example, suggests some passengers may have been sick, spreading the virus but showing no symptoms at all. Chicago's top doc, Doctor Allison Arwady is paying close attention.

"We're recognizing there is more asymptomatic infection than has been realized," Arwady said.

The masks are designed to keep someone infected with the coronavirus from spreading droplets in the air that could expose others, but not block a healthy person from exposure.

"When you sneeze or cough, it will stop those droplets from getting out because they are being trapped by the mask," Rubin said.

Doctor Rachel Rubin is a Cook County health officer and said there is no questions the masks are required for health professionals who come in much closer contact with the ill.

"I have my mask right here that I will be putting on when I leave my office," Rubin said.

Practicing social distancing, hand washing and staying at home is crucial to fighting COVID-19 spread. There is concern masks can give the wearer a false sense of security.

"I don't want people to be misled that simply because you wear a mask, then you're fine, and not practicing any of the other guidance that goes along with that," said Chicago Mayor Lori Lightfoot.

Dr. Arwady said stay tuned for changes in the policy. Take aways for now: keep social distancing and washing hands, stay home and don't let a mask have you letting your guard down.



[Should You Be Wearing A Mask During The COVID-19 Outbreak?](#)

April 1, 2020 – MSN

A couple of questions during the coronavirus outbreak:
Should you be wearing a mask? Could it save your life?
There are reports from the CDC that soon you may need one.
CBS 2's Vince Gerasole has the story.

The recommendation has long been that healthy people don't need the masks to protect them from the coronavirus. The masks could force you to touch your face and eyes more. But new information suggests more infected people could be walking round without symptoms, and a mask could stop them from spreading it.

The faces of Chicagoans tell the story. In a public health crisis, some choose to wear a mask, some not. And up to now, guidance from the Centers For Disease Control and the Cook County Department of Public Health has been clear: Masks really only help the ill.

"If you are an individual who is asymptomatic, you don't suspect you are ill with any respiratory illness or coronavirus, you don't need to wear a mask," said Rachel Rubin of the Cook County Health Department.

But published reports citing CDC sources indicate that might be changing. Data collected from an exposed cruise ship, for example, suggests some passengers may have been sick, spreading the virus but showing no symptoms at all. Chicago's top doc, Doctor Allison Arwady is paying close attention.

"We're recognizing there is more asymptomatic infection than has been realized," Arwady said.

The masks are designed to keep someone infected with the coronavirus from spreading droplets in the air that could expose others, but not block a healthy person from exposure. "When you sneeze or cough, it will stop those droplets from getting out because they are being trapped by the mask," Rubin said.

Doctor Rachel Rubin is a Cook County health officer and said there is no questions the masks are required for health professionals who come in much closer contact with the ill.

"I have my mask right here that I will be putting on when I leave my office," Rubin said. Practicing social distancing, hand washing and staying at home is crucial to fighting COVID-19 spread. There is concern masks can give the wearer a false sense of security.

"I don't want people to be misled that simply because you wear a mask, then you're fine, and not practicing any of the other guidance that goes along with that," said Chicago Mayor Lori Lightfoot.

Dr. Arwady said stay tuned for changes in the policy. Take aways for now: keep social distancing and washing hands, stay home and don't let a mask have you letting your guard down.

Modern Healthcare

[Chicago-area hospitals begin COVID-19 drug trial](#)

April 1, 2020 – *Modern Healthcare*

Northwestern Medicine and the University of Illinois' health system are testing Ebola drug remdesivir in a clinical trial of hospitalized COVID-19 patients.

Cook County Health is also treating hospitalized patients with remdesivir in two clinical trials sponsored by the drug manufacturer, Gilead Sciences. Cook County is treating patients with moderate COVID-19 in one study and patients with severe COVID-19 in another.

The antiviral drug has been found in animal models to have antiviral activity against coronaviruses, Northwestern said in a statement.

Northwestern said the first patient to get the drug at Northwestern Memorial Hospital is an 89-year-old man in intensive care.

"I think it's fantastic this trial is off the ground," principal investigator Dr. Babafemi Taiwo, chief of infectious diseases at Northwestern University Feinberg School of Medicine and Northwestern Medicine, said in the statement. "It puts something in our hands that we can investigate in a rigorous fashion in the quest for therapies that may be effective and widely adopted to treat the pandemic."

The University of Illinois at Chicago Hospital said it activated the trial March 25 and is studying whether the drug provides clinical benefits to patients, compared to a placebo.

Participants in the trial receive either a placebo drug or remdesivir intravenously once a day for a maximum of 10 days, the Northwestern statement said. If a patient recovers sooner, the treatment is stopped.

At least 50 sites will participate in the international clinical trial of 440 patients, which is sponsored by a division of the National Institutes of Health. The study is an adaptive, randomized, double-blind, placebo-controlled trial, according to the NIH.

[Local hospitals begin COVID-19 drug trial](#)

March 31, 2020 – *Crain's Chicago Business*

Northwestern Medicine and the University of Illinois' health system are testing Ebola drug remdesivir in a clinical trial of hospitalized COVID-19 patients.

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[COVID-19 to hit bottom line of county health system](#)

March 31, 2020 – *Crain's Chicago Business*

Dropping elective surgeries, its biggest moneymaker, will hit a system already under financial pressure.

Cook County Health, which provides more than half of the charity care in the county and is under scrutiny for late payments to doctors serving patients covered by its Medicaid plan, will face a "profound impact" on its bottom line from the coronavirus pandemic, County Board President Toni Preckwinkle said today.

"We are following CDC guidelines and not doing elective surgery, so as a result, we drove down our inpatient census. Normally it's close to 300. Not doing the elective surgeries, we brought it down" to around 150, Preckwinkle said.

That drop in elective surgeries, the largest moneymaker for the county system, "will have a profound impact on our bottom line," she said.

"Obviously like many other health systems we don't know yet the full impact that COVID-19 will have on our health organizations. Our major focus is on providing care," said interim CEO Deb Carey.

Cook County Health's mission has been to provide care regardless of a patient's ability to pay. That will continue, Carey said, and she knows many hospitals are in similar straits. "I do know we're not alone in this."

County officials did not outline the total cost of the crisis to date but said they are keeping track of lost anticipated revenue and ongoing COVID-related expenditures in hopes of federal reimbursement.

While county officials say they have capacity for an expected surge of cases in April and enough personal protective equipment for the time being, the situation is fluid, and health officials are facing a growing number of positive test results of detainees at the Cook County Jail. Officials there have announced plans to release nonviolent offenders and set up former barracks to house infected and tested individuals. As of yesterday evening, 134 detainees and 20 sheriff's office staff have tested positive for coronavirus.

Dr. Trevor Lewis, interim chair of emergency medicine at Cook County Health, said "we're obviously facing some uncertain times ahead," and while hospitals have made it through H1N1 and Ebola, "nothing can prepare us for what we're about to face right now."



[Explore the personal, firsthand perspectives of people whose lives have been upended by the coronavirus in Chicago](#)

March 31, 2020 – *WTTW*

It is Nurse Falguni Dave's first day working on a COVID-19 unit. She is exhausted from working a 12 hour shift wearing layers of protective gear and scared of becoming infected. But her biggest challenge is the isolation — she will be living apart from her family until the epidemic subsides.

Chicago Tribune

[Cook County Board President Toni Preckwinkle says coronavirus likely to have 'profound impact' on county's hospital system](#)

March 31, 2020 – *Chicago Tribune*

Cook County Board President Toni Preckwinkle expects “a profound impact” on the county hospital system’s budget as doctors stop performing profitable elective procedures in order to make more room for coronavirus sufferers.

The number of people without health insurance who need expensive intensive care is also expected to go way up in coming weeks, further hurting the bottom line for the Chicago area’s safety net health system, Preckwinkle said Tuesday.

“For our health and hospital system, we receive the most compensation for the elective surgeries that we do,” Preckwinkle said.

Those are being halted because beds at Stroger Hospital and elsewhere are going to be needed as the number of patients with COVID-19 spikes. How much it will hit the budget is unclear, Preckwinkle said.

“I can’t tell you how much of a financial impact it will have, because we don’t know how long the pandemic will prohibit us from doing elective surgeries,” she said.

Meanwhile, Preckwinkle said the county medical staff remains concerned about the number of virus cases at the Cook County Jail, where a field hospital has been set up in an area where boot camp sentences used to be carried out.

“The jail’s a petri dish,” Preckwinkle said, adding that she continues to work with Cook County Sheriff Tom Dart and Chief Judge Tim Evans to lower the head count in the jail so fewer people inside are exposed to the disease. There are about 5,000 inmates now, Preckwinkle said, and there could be about a thousand more non-violent offenders eligible for release soon.



Chicago Nurse Shares Warning as Challenges Arise During Coronavirus Pandemic

March 31, 2020 – *NBC 5 Chicago*

An emergency room nurse at John H. Stroger Hospital of Cook County is warning residents as she shares the challenges she and other medical professionals in the area are facing with the number of coronavirus cases still going up in Illinois.

Sheena Brunswick, 46, has been working as an emergency room nurse at Stroger Hospital for at least five years. But she says working during these unprecedented times brings a whole new set of challenges.

"This whole pandemic gives you a different perspective as to my role as a nurse," Brunswick said. "It's pretty exhausting and kind of scary because even though you are protected... you have your shield, your gown... you wonder, could it be somewhere on me? Could I bring it home?"

Last week, Brunswick said she worked a shift in the area designated for coronavirus patients at Stroger Hospital. She then went five days without seeing her husband and her 3-year-old daughter.

"It was super hard. That kid is my life... even this morning when I saw her I started crying. I was so happy to see her in front of me," said Brunswick.

Those emotions motivated her to post photos on Facebook wearing her protective gear. It was her way of sharing the toll the coronavirus is taking on medical professionals and their families.

Like many other health care workers across the country, Brunswick said she guards her protective gear like gold, while following CDC guidelines.

"We are basically hanging on to what we have to conserve it. When we get the N95 masks, we have to use it, unless it it soiled," Brunswick said.

But she says she doesn't want the protective gear shortage to be the focus of her story. She wants people to listen to the warnings from health officials and stay home.

"People are having such a hard time with staying home and it's making people in our ER crazy. We would love to be home... but we can't. We've got a job to do," Brunswick said.

A message she says is especially important after seeing images published by the New York Times inside an ER in a New York Hospital. Conditions she hopes, don't replicate in Chicago.

"Right now, we are not there... but if people don't understand the gravity of what's happening, it's going to get there really fast here," Brunswick said.

Cook County Health provided the following statement via email from Dr. Robert Feldman, emergency physician and head of emergency preparedness at Cook County Health:

“I have been through our emergency room every day. I have seen our staff – physicians, nurses, PAs, techs, clerks – everyone working together to do what is the essence of County emergency medicine – taking care of our patients. Throughout this crisis, we have prioritized the health and safety of our healthcare workers and our patients. This is a new disease and understand that there is anxiety among our frontline staff. We have been working since January to prepare, train and provide the tools needed to care for patients while protecting our staff.

I have cared for several patients with COVID-19 in our ER. I wear the same PPE as the rest of the team. We look forward to the day when an ample supply of PPE is again available to every hospital. But until the supply chain can catch up again, like other hospitals across the country and the world and as the CDC has recommended, we have instituted tighter controls to ensure that when a suspect or confirmed case of COVID-19 presents, supplies are available to protect our staff.

Hospital leaders across the country are making difficult decisions to prevent the further spread of COVID-19 and protect their workers. We are no different. As one of the largest public healthcare systems in this country, I am incredibly proud of our strong response to this ongoing, worldwide crisis.”



[Preckwinkle: Cook County Jail is a 'Petri Dish' for COVID-19](#)

March 31, 2020 – WTTW

At Cook County Jail, 134 detainees and 20 sheriff's officers have tested positive for the novel coronavirus as of Monday night, according to a Cook County Jail spokesperson. Nine detainees have tested negative for COVID-19.

The situation prompted Cook County Board President Toni Preckwinkle to call the jail "a petri dish."

"We'll continue to have cases at the jail, and it will continue to be the biggest health problem in the county," Preckwinkle said during a press conference Tuesday morning.

Last week, the jail reported its first COVID-19 case and began working to reduce the jail's population amid the pandemic. As of Tuesday morning, the detainee population stood at 4,710 – down from 5,427 just eight days ago on March 23, according to a spokesperson.

The sheriff's office has already suspended detainee visits at the jail and created housing tiers for new inmates. On Monday, the jail added 500 beds of isolation housing in a retrofitted "inmate bootcamp" located away from the main jail campus to help relieve pressure on the facility's hospital, Cermak.

While that newly opened facility is not yet at capacity, Cook County Health interim CEO Debra Carey said officials are monitoring the situation daily and that there are multiple buildings on the jail's campus that could potentially be used to isolate detainees who have the virus.

A Cook County Jail spokesperson said space at the jail is constantly being evaluated to ensure social distancing and reduce possible transmission of COVID-19. Those efforts include moving healthy detainees into single cells.

In Cook County, 3,727 people have so far tested positive for the virus, with 2,198 of those in the city of Chicago, according to the Illinois Department of Public Health.

Cook County Health, which runs Cermak Hospital and other county facilities, aims to provide care to all county residents regardless of their ability to pay, and the COVID-19 pandemic will have a massive impact on the health system's budget, according to officials.

"This will have a profound impact on our bottom line," Preckwinkle said, because elective surgeries have been canceled per Centers for Disease Control and Prevention's guidance. Preckwinkle said the health system receives the most compensation via elective surgeries. When asked how much the COVID-19 pandemic would cost the health system, Preckwinkle declined to provide an estimate.

"I can't tell you how much financial impact that will have because we don't know how long this pandemic will prohibit us from doing elective surgeries," she said.

Statewide, there are 5,057 confirmed case of COVID-19 and 73 deaths since January, according to IDPH.

“Medical professionals cannot sustain this pace forever,” Preckwinkle said. “All of us have a responsibility. All of us have a responsibility to do what we can to help in order to flatten the curve. That’s where everyone in our community, in our country comes in.”

Anyone leaving their homes must practice social distancing, Preckwinkle said. “If they don’t live with you, they have to stay at least 6 feet away from you. I cannot stress this enough. There’s no single better way to stop the spread of this virus than staying clear of anyone who does not occupy your home.”

She also urged people to wash their hands frequently, cover their coughs and sneezes, and to stay home.

AUSTIN WEEKLYnews

COVID-19 hits Cook County jail

March 31, 2020 – *Austin Weekly News*

Thirty-eight Cook County Jail detainees and six jail staffers have tested positive for COVID-19, the sheriff's office confirmed on March 26

The confirmed cases are evidence the virus is spreading rapidly at the jail that houses 5,000 detainees. Earlier this week, just two inmates and a corrections officer had tested positive for the virus.

A detainee at home being electronically monitored by the sheriff's office has also tested positive, officials said last Friday.

Six have been confirmed negative for the virus and the results of 123 tests are still pending.

The county is working to reduce the jail population as quickly as possible to prevent further spread, said Cook County Board President Toni Preckwinkle. The courts introduced an expedited bond review process earlier this week .

Non-violent pretrial defendants will be eligible for release. Women who are pregnant, older adults and people with underlying health conditions who are at risk of developing a severe illness due to COVID-19 will be prioritized.

"We're talking about those who would face the worst outcomes if they were exposed to the virus," Preckwinkle said. "We're also talking about people who are in jail simply because they are too poor to pay the small monetary bond that has been set by a judge."

Each detainee who is released is being screened so they don't spread the virus to their family or others.

The jail has moved nearly all inmates to single cells so they can better follow social distancing guidelines, Sheriff Tom Dart said.

Pretrial defendants who cannot safely isolate at home will be helped by the county, the sheriff's office and Treatment Alternatives for Safe Communities to find temporary housing, Preckwinkle said, especially if they or a member of their home are showing symptoms.

Civil rights groups and justice reform advocates are calling on Dart to close the jail and stop the intake of new detainees. Dart said that's not possible: "We do not have the ability to shut the doors here."

But the flow of incoming detainees has slowed substantially, Dart said. At the beginning of the month, 200 new detainees were admitted to the jail daily. Now, it's less than 70 daily on average, Dart said.

It was inevitable that someone at the jail would contract coronavirus, said Connie Manella, head of the Cook County Health and Hospital System. Officials knew once it did, it would spread rapidly.

"This novel virus is creating a very novel and daunting task at hand," Manella said, adding that its easier to contain the virus now that because of the reductions in the number of detainees over the past decade. "I cannot imagine the situation if we were sitting with a population that not long ago was 11,000."

The jail population is now 5,003, Dart said, which he said is among the smallest it has ever been. The sheriff's office has worked with the Cook County State's Attorney's Office and Public Defender's Office to substantially reduce the jail population over years.

About 20 to 30 detainees are being released each day under the expedited bond review process, Dart said. Attorneys are also sharing emergency motions and prison reform groups are paying bonds to get more detainees freed.

Organizers at the Chicago Community Bond Fund say the number of detainees being released is too small to make a difference.

An open letter penned by the group demanded all detainees cleared for release on bond be freed immediately since they are presumed innocent under the Constitution. Despite calls for mass de-carceration in the jail, Dart said the majority of detainees are not eligible for release because of the type of charges they face.

"The population in the jail as of today, about 70 to 75 percent, in that range, people are in on a violent charge," Dart said. "Those are people that we can't keep the community safe by releasing them."

The sheriff's office began screening detainees entering the jail for coronavirus as early as January, Dart said.

Pascal Sabino is a Report for America corps member covering Austin, North Lawndale and Garfield Park for Block Club Chicago.



[‘Everyone is afraid’ as Illinois virus cases spike](#)

March 30, 2020 – PBS



Illinois has become another national hot spot for coronavirus, with a surging number of confirmed cases. Most are in Cook County, the region that is home to Chicago. William Brangham talks to Dr. Claudia Fegan, chief medical officer for Cook County Health, about how her employees are holding up amid the stress and why they continue to worry about a shortage of critical medical supplies.

[Read the Full Transcript](#)

Judy Woodruff:

The spread of coronavirus is continuing to build in regions around the country, including the Midwest, where it is putting a big strain on doctors, nurses, first responders and hospitals.

William Brangham gets a view from the front lines of health care there.

William Brangham:

Illinois is now another one of those states dealing with a skyrocketing rise in the number of coronavirus cases.

This chart shows the sudden surge of diagnoses in the state, and, with it, the rising number of people dying from the virus.

Most of those cases right now are in Cook County, the area in and around the city of Chicago.

Dr. Claudia Fegan is the chief medical officer for Cook County Health.

Dr. Fegan, thank you very much for being here.

I wonder if you could just — we have been seeing this dramatic spike in the number of cases in your region. How are things there right now?

Claudia Fegan:

Well, I think, right now, we're holding our own.

We're looking at — and we have been following the models, projecting that we were going in this direction, and have been trying to prepare on a regular basis.

We're talking about the number of beds we have, how many staff we have, and trying to get our arms around what we see happening in New York and try to prepare and hope of avoiding some of the difficulties that they're encountering.

William Brangham:

I take it you're talking about just the lack of ICU beds, the shortage of equipment, shortage of ventilators? You mean things like that?

Claudia Fegan:

Exactly.

So what we see is that, across — around the world, that this virus is overwhelming health care systems. And to the extent that we have time to prepare, we see the surge coming, it's allowed us to rally our forces.

Hospitals are talking to each other. We're not competing. We're collaborating. And we all try to benefit from each other in terms of what's going on and taking care of these patients.

William Brangham:

And do you have a good sense? Like, you do feel that you're adequately supplied with medical supplies, masks, face shields, ventilators, those kinds of things?

Claudia Fegan:

It's a daily challenge.

We keep a running log of our personal protective equipment. And when we see where things that are — we look at our burn rate, and we're ordering. Although there's a worldwide shortage, currently, we have been able to maintain enough equipment for all of our staff, but we are being frugal with it.

We are instructing staff on ways in which they can reuse the equipment and when they need to discard it and when it's OK to continue to use it. So, currently, we are adequately supplied, but we know that that's dependent upon receiving regular shipments.

And when we're not able to continue to get those shipments, it will be very problematic.

William Brangham:

We have certainly been seeing, in New York and elsewhere, in other nations as well, an enormous anxiety on behalf of the medical staff who have to go into these cases where they're concerned not only with providing the best possible care for people who are very, very sick in many cases, but also protecting themselves.

What is the sense you're getting from staff? Are they — how are they handling this anxiety?

Claudia Fegan:

No, rightfully so.

Everyone is afraid. No one wants to have the virus. And so we see a lot of anxiety, and it manifests itself in all kinds of behavior, maybe excessive use of PPE, putting on multiple gowns or multiple masks.

We try to provide staff with reassurance, with the information. A staff member becomes positive, is diagnosed as being positive, then everyone in that workspace becomes concerned about whether they are also going to get it.

We have reached a point in terms of community prevalence and spread that we're telling the staff that, if you walk into the hospital, you should assume that you have been exposed, and so being very mindful of putting on equipment as soon as you leave your car to walk into the hospital.

We're asking everyone to mask and everyone to use gloves in all contacts, and that, when you go home, you need to remove the items that you were wearing at work, so that you would try to avoid contamination in the home space as well.

So, you can't not be afraid. I think fear is a natural response, but it's trying to cope with it and trying to reassure people that there are ways, there are things they can do to protect themselves and that, if we're mindful of that, we can all be safe.

Just assume that everyone that you're taking care of is positive. And that way, you can stay safe and use the appropriate equipment.

William Brangham:

That's got to be incredibly anxiety-inducing.

I mean, on some level, you want people to be conscious of it. And maybe that fear helps drive better precautions. But that fear has also got to be incredibly taxing for people day in and day out.

Claudia Fegan:

It is very stressful.

And we have an aging work force at the county. And so folks are very concerned about their own personal well-being. And, sometimes, that can be a tremendous distraction from doing what they normally would do in terms of taking care of patients.

We also have an extremely large correctional health facility. And you can't practice social distancing in a correctional health facility. And so it is a tremendous stress for the staff who work there, as well as the detainees who we're trying to provide the best of care.

And I think that the advantage is that the staff is working as a team and they're very supportive of each other. And we are trying to make sure our detainees are kept safe.

William Brangham:

All right, Dr. Claudia Fegan, Cook County Health, thank you very much, and good luck out there.

Claudia Fegan:

Thank you.

[Chicago doctors describe what they're seeing now and their concerns for what's ahead](#)

March 30, 2020 – WGN 9 Chicago



Health care heroes in their own words. From North to South, East to West, hospitals and health care workers are mobilized. Some are already inundated by increased patient loads and prepare for an even greater surge in the coming days

At Rush University Medical Center, the light-filled atrium lobby has been turned into a makeshift emergency room.

Dr Edward Ward is a Rush University Medical Center emergency medicine physician.

“We opened up the Brennan Pavilion so we could keep the non-COVID patients quarantined away from the patients with viruses or concern for virus,” he said. “So we could take care of them and get them out of here as fast as possible.”

There are 30 bays where doctors triage non-COVID-19 patients.

Monday afternoon, business was slow. Typical ER visits are down.

But there was more action out back where patients with suspected COVID-19 symptoms are evaluated in a converted ambulance bay.

“We’re seeing about 80 to 90 patients a day that answer ‘Yes’ to a COVID screening test and go right away into the ambulance bay,” Ward said. “And about half of those are being admitted.”

Ward said up to 15 percent of those patients are admitted to the hospital's intensive care unit with some requiring a ventilator.

"The good news is that we have plenty of ventilators right now, plenty of space," he said. "I can't predict that is going to be the case as times goes on. There's an awful lot of people working really hard to get the supplies, to get the space we need to take care of patients no matter what the demand."

To the North, Chief of Emergency Medicine at NorthShore University HealthSystem, Dr Ernest Wang spoke to WGN News outside Evanston Hospital's respiratory evaluation unit. It is housed inside an ambulance bay and is designed solely for patients with COVID-19-like symptoms.

"We have 42 pods that we can take care of patients in," he said. "If we have a big influx or surge, we can do a rapid assessment, figure out who needs higher level of care and put them in the Emergency Department or treat them all out here."

Dr Wang says the NorthShore University HealthSystem team has not only seen an uptick in the number of patients testing positive for the virus, they've also tracked an increase in the severity of illness.

"We are seeing people coming in that need to be in ICU, seeing people put on ventilators, and so as you see what is happening in New York City, we are starting to see that trend, too," he said. "We are so well prepared. Our staff is tremendously courageous. They show up, put on their gear and they are good at what they do, and we have been blessed with tremendous resources and support."

Dr Robert Feldman is in the Cook County Health Command Center. He works in the emergency room at Stroger Hospital, where healthcare workers with symptoms got swabbed for COVID-19 Monday.

Inside, Feldman said there has been a steady climb in patients and expects more in the coming week.

"What we are going to see next week is already a done deal," he said. "Whoever we are going to see next week are people who have already been infected."

At Central DuPage Hospital in the western suburbs, hospital medicine physician Dr Kiumars Moghadam said he and his team are also preparing for a surge -- physically and mentally.

"I'd be lying if I said there wasn't a fair amount of anxiety. We see the news coming out of China and Italy, and this disease impacts health workers the same, if not worse, than other people," he said. "So, obviously we see that and we're concerned for our own safety as much as we are definitely concerned and would like to make sure that we are able to take the best care of all the patients that come through the door. We've all put our heads down and really tried to focus on the immense task at hand."

Dr Michelle Prickett hasn't slowed down. The pulmonary and critical care specialist at Northwestern Medicine has worked non-stop for the past two-weeks, taking care of the sickest patients -- many on ventilators -- and planning for more.

"They are requiring longer stays, so they are on them for a long time," she said. "So depending on how many more patients come in, that is the concern. Right now we are ok, but as COVID progresses, it's a numbers game, and that is our biggest challenge preparing for that."

At the same time, the hospital is looking at optimizing space to meet the unique demands of caring for patients with severe COVID-19 illness.

“The patients that have COVID are in reverse isolation, meaning the air gets pulled out of their rooms so if they cough, it’s not everywhere in the room,” Prickett said. “So we’re having to transition our units themselves to prepare for that. Usually we only have a handful of those rooms in the whole hospital, so for the last two weeks, we’ve been working with the engineers to try and find the best use of our current space.”

But what’s helping her get through each day? It’s simple.

“I’m heartened by people just wanting to help,” she said. “And telling me ‘Thank you for what you do,’ is really helpful to hear that when things have been so disruptive and challenging.”

Healthcare workers under intense stress and risk for infection said it is that kind of support that protects their heart.



[Coronavirus prompts crackdown on crowds in Cook County forest preserves, and more closures possible if public doesn't comply](#)

March 30, 2020 – MSN

Cook County Board President Toni Preckwinkle, who has already shut down parts of the forest preserves in an attempt to stop the spread of COVID-19, said Sunday she will close even more if crowds become unmanageable.

The county has shuttered all public buildings, nature centers, campgrounds, public restrooms and other locations, but Preckwinkle warned that the list could grow if patrons grow too numerous or do not follow proper social distancing. "If and when we see that a specific location is no longer tenable due to the behavior of visitors, we will add it to the list of sites we have shut down," she said at a news conference at the Dan Ryan Woods Pavilion on Chicago's South Side.

She did not cite any particular spots that have become problematic, but a spokesman later said officials are keeping an eye on historically popular places such as the Busse Forest Elk Pasture, Bunker Hill and Caldwell Woods.

The warning came after Chicago Mayor Lori Lightfoot closed lakefront trails and parks last week after pleasant weather brought a surge of walkers, bikers and joggers.

"Over the past few days, we've seen crowds of a hundred or more congregating together, particularly around our lakefront, and along The 606 and other places," Lightfoot said while announcing the closures. "This is a blatant violation of (Gov. J.B. Pritzker's) stay-at-home order. Your conduct — yours — is posing a direct threat to our public health." The parts of the forest preserves that remain open include trails, lakes, woods and open fields — "sites that are large enough to allow residents to be outside and to be safe, some with hundreds or even thousands of acres," said General Superintendent Arnold Randall.

But he said forest preserves police officers, staff and volunteers have been instructed to keep an eye on overcrowding and social distancing violations, and he encouraged the public to call the district's non-emergency line — 708-771-1000 — if they spot anything they consider to be dangerous.

He said he was ready to close locations quickly if they seem to be a problem. "To keep our preserves open, they simply cannot be a pathway for spreading the virus," he said.

Dr. Rachel Rubin, senior medical officer for the Cook County Department of Public Health, said runners and bikers should keep their distance from walkers, and that there should be no group walks except for immediate family members. Patrons should also wash their hands before and after visits, she said.

As of Saturday, suburban Cook County has had 1,003 reported COVID-19 cases, second only to Chicago's 1,610. It has also had 16 deaths linked to the virus, more than anywhere else in the state.

Chicago Tribune

[Coronavirus prompts crackdown on crowds in Cook County forest preserves, and more closures possible if public doesn't comply](#)

March 29, 2020 – *Chicago Tribune*

Cook County Board President Toni Preckwinkle, who has already shut down parts of the forest preserves in an attempt to stop the spread of COVID-19, said Sunday she will close even more if crowds become unmanageable.

The county has shuttered all public buildings, nature centers, campgrounds, public restrooms and other locations, but Preckwinkle warned that the list could grow if patrons grow too numerous or do not follow proper social distancing.

“If and when we see that a specific location is no longer tenable due to the behavior of visitors, we will add it to the list of sites we have shut down,” she said at a news conference at the Dan Ryan Woods Pavilion on Chicago’s South Side.

She did not cite any particular spots that have become problematic, but a spokesman later said officials are keeping an eye on historically popular places such as the Busse Forest Elk Pasture, Bunker Hill and Caldwell Woods. The warning came after Chicago Mayor Lori Lightfoot closed lakefront trails and parks last week after pleasant weather brought a surge of walkers, bikers and joggers.

“Over the past few days, we’ve seen crowds of a hundred or more congregating together, particularly around our lakefront, and along The 606 and other places,” Lightfoot said while announcing the closures. “This is a blatant violation of (Gov. J.B. Pritzker’s) stay-at-home order. Your conduct — yours — is posing a direct threat to our public health.” The parts of the forest preserves that remain open include trails, lakes, woods and open fields — “sites that are large enough to allow residents to be outside and to be safe, some with hundreds or even thousands of acres,” said General Superintendent Arnold Randall.

But he said forest preserves police officers, staff and volunteers have been instructed to keep an eye on overcrowding and social distancing violations, and he encouraged the public to call the district’s non-emergency line — 708-771-1000 — if they spot anything they consider to be dangerous. He said he was ready to close locations quickly if they seem to be a problem.

“To keep our preserves open, they simply cannot be a pathway for spreading the virus,” he said.

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[Chicago prepares for the coronavirus storm, hoping to stay above the surge](#)

March 28, 2020 – *Yahoo News*

Twice every day, Daniel Yohanna, an associate professor of psychiatry at the University of Chicago, checks his inbox for the latest count of confirmed and suspected coronavirus patients currently being treated at the university's medical center.

When he went to bed Thursday night, the hospital had 44 "COVID-positive" patients, and 81 people who were under observation for the virus. By Friday morning, the number of confirmed patients with COVID-19 had risen to 54, with 87 others under observation.

"This is not static. I'm sure it will be higher by the end of the day," Yohanna told Yahoo News Friday. The email updates have been coming since March 12, when Yohanna, the interim chair of the department of psychiatry and behavioral neuroscience, began meeting three times a week with other department chairs, the dean of the university, the hospital's president, infectious disease experts and others to discuss the hospital's response to the coronavirus pandemic.

Other Chicago health care providers, like Cook County Health, have been preparing since January for a potential surge of patients due to the intensifying spread of COVID-19. Such plans have continued to evolve as the virus moves from the coasts to the rest of the country.

This week, the number of confirmed coronavirus cases in the United States surpassed 100,000, overtaking China and Italy as the new epicenter of this global pandemic. While New York is still home to the largest concentration of cases in the country, experts are warning that cities like Chicago are likely not far behind.

During a press briefing at the White House on Thursday evening, Ambassador Deborah Birx, the response coordinator for the White House's coronavirus task force, expressed concern about rapid increases in cases being reported in Chicago's Cook County, as well as Wayne County in Michigan, which encompasses Detroit. On "CBS This Morning" Friday, Surgeon General Jerome Adams echoed that concern, warning that while New York will likely see its infection rate slow in the coming week, other hot spots like Detroit, Chicago and New Orleans "will have a worse week next week."

On Thursday, Illinois reported 673 new confirmed cases of the coronavirus across the state, its biggest spike to date, likely foreshadowing a surge to come. State and city officials took early measures to try to stem the spread of the virus before it got out of control. Illinois only had 93 confirmed cases of coronavirus as of March 15, when Illinois Gov. J.B. Pritzker ordered all bars and restaurants to close for two weeks. By the time Pritzker issued a statewide stay-at-home order five days later, the number of cases in Illinois had climbed to 585, and five people had died.

Following Thursday's surge, Chicago Mayor Lori Lightfoot imposed additional social distancing measures by ordering the closure of the city's lakefront, bike paths and other public spaces, and banning football, basketball and other contact sports.

“We can’t mess around with this one second longer,” Lightfoot said at a news conference Thursday, telling the press that the city is expecting “upwards of 40,000 hospitalizations in the coming weeks.”

“That number will break our health care system,” she warned, disclosing that she and state officials had met with the U.S. Army Corps of Engineers to discuss the potential to convert part of McCormick Place, the massive convention center in the heart of Chicago, into a makeshift hospital. That hasn’t been necessary so far but it remains a possibility.

On Monday, Yahoo News spoke to Dr. Claudia Fegan, chief medical officer at Cook County Health and Hospitals System. She said a unit for confirmed and suspected coronavirus patients had been created and was in use at Cook County’s Stroger Hospital, and that a second unit had been designated in case of overflow. Stroger, a public hospital, is home to one of the country’s busiest emergency rooms and trauma units.

Among the changes made to hospital procedures has been the closure of several entrances to the medical center and mandatory masks for every new patient. Like other hospitals around the country, Cook County Health is currently not allowing visitors into its facilities except for certain exceptions such as cases involving serious trauma or a critically ill patient.

Fegan said that hospital administrators have also been in conversations with city officials about using space in empty hotel rooms and a vacant hospital for homeless patients who require quarantine but don’t need critical-care hospital beds.

She also noted that the projected dramatic increase in cases over the next week was “very anxiety-provoking for everyone,” but that her hospital was well supplied with ventilators and personal protective equipment, which have been in short supply in other cities.

“I think the greatest concern is how high we’ll go and how quickly we’re gonna get there,” said Fegan.

A spokesperson for Cook County Health told Yahoo News on Friday that the hospital was still not facing supply shortages. At the University of Chicago, Yohanna said he expects coronavirus patients will eventually occupy nearly all the beds in the hospital’s newly renovated Center for Care and Discovery (which houses a total of 436 private rooms, including 52 intensive care beds).

“We’re concerned about running out, but we still have ventilators,” he said. Starting Friday, the University’s health system instituted a new policy requiring all staff — from doctors and nurses to cafeteria workers and housekeepers — to wear masks. Yohanna clarified that the hospital is providing washable cloth masks for staff to wear throughout the hospital, but surgical masks are required when entering patient rooms.

“The purpose is not to protect you from infection, but to keep your secretions from getting on surfaces or other people,” said Yohanna. The new universal masking policy coincides with the return of several faculty and staff who’d been furloughed after reporting potential exposure to the coronavirus.

Yohanna suggested that early action by state and local officials to issue stay-at-home orders and close access to the public may ultimately help reduce the peak demand for hospital beds, but it’s too soon to tell.

For now, he said, “we’re still prepared.” As of Friday evening, the latest data from Johns Hopkins University showed Illinois with 3,024 confirmed cases and 26 deaths, 18 of them in Cook County.



[Chicago prepares for the coronavirus storm, hoping to stay above the surge](#)

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Twice every day, Daniel Yohanna, an associate professor of psychiatry at the University of Chicago, checks his inbox for the latest count of confirmed and suspected coronavirus patients currently being treated at the university's medical center.

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CHICAGO SUN★TIMES

[Here's a map for where to get tested for coronavirus in the Chicago area](#)

March 24, 2020 – *Chicago Sun-Times*

As the new coronavirus spreads rapidly across Illinois, officials looking to curtail the reach of the deadly disease have rushed to expand the state's capacity for testing.

While state officials, health care providers and even major retailers were all administering tests on Tuesday, not everyone can get one yet. During a Tuesday press briefing, Gov. J.B. Pritzker touted the state's expanded testing efforts but made it clear that more must be done to "understand the scale and severity of the outbreak."

In addition to the 1,800 daily tests three state labs are now running, Pritzker said four commercial labs and 15 hospital labs can now process around 1,500 more each day. Drive-thru testing also started earlier this week at four state and local testing facilities.

Within two weeks, Pritzker said hospital and university labs are expected to process an additional 2,805 tests each day, bringing the daily total to more than 4,300 tests.

"Even with this rapid expansion, we still need tens of thousands more tests to get an accurate picture of our state," Pritzker said. "That's within our reach, though standing up additional hospital lab sites will be required and mobile testing sites will be required across the state."

The number of drive-thru sites in Illinois has risen so fast in recent weeks that even Danny Chun, spokesman for the Illinois Health and Hospital Association, said he's having a hard time keeping track of them.

"It's a moving target that's literally changing hour to hour," Chun noted. Though Chun warned that a shortage of testing kits and the materials needed to process them will continue to limit the scope of testing, the number of tests administered in Illinois has skyrocketed in the past week — along with the number of confirmed cases.

As of Tuesday, 1,535 of the 11,485 people tested were positive, and 16 have died.

In the past week, 9,985 COVID-19 tests have been administered throughout the state, or around 1,426 a day. That's way up from the preceding weeks, as the virus first started to take hold in Illinois, when only 1,500 tests in total were processed.

Over the past month, the Illinois Department of Public Health has continued to scale back the prerequisites for testing, meaning more people qualify than ever now.

Patients initially qualified for testing by making contact with an infected person or traveling to an area hit hard by the virus, like China or Italy. Now, the department calls for the testing of hospitalized people with

“unexplained pneumonia” and those living in congregate living facilities, like nursing homes or jails, where two or more possible or confirmed cases have appeared.

On top of that, people who don’t meet those criteria can be tested at commercial or hospital labs with a doctor’s approval, according to the IDPH.

After receiving an order from an in-network doctor, patients can now get tested at drive-thru sites at Northwestern Memorial Hospital, the University of Chicago Medical Center, Rush Oak Park Hospital and the parking lots of the corporate headquarters of Edward-Elmhurst Health in Warrenville and NorthShore University HealthSystem in Skokie. Those sites are also testing staff members, as is Rush University Medical Center.

Keith Hartenberger, spokesman for Edward-Elmhurst Health, said the system’s drive-thru testing site is conducting only 25 tests a day, five days a week.

“We’re not doing a ton,” said Hartenberger. “At first, it’s just to get an idea of where we are and we can adjust accordingly.”

Meanwhile, Roseland Community Hospital is primed to start conducting tests on Wednesday, but only individuals with a doctor’s note who are registered in its system will be able to get one. Cook County Health is also in the process of setting up drive-thru testing for employees of Stroger and Provident hospitals.

‘All hospitals should be accepting everyone’

Hospitals in the Cook County system are currently testing patients who qualify after being screened, regardless of whether they have insurance, according to spokeswoman Deb Song.

“Cook County Health is one of the largest public health systems in the U.S. and our mission, which is more than 180 years old, is to treat all patients regardless of income, insurance, immigration status or social situation,” said Song.

“But this is an emergency situation,” added Song. “All hospitals should be accepting everyone.”

Patients seeking a test at facilities in the Cook County network should call ahead, Song said. Those with a physician or health care provider in the system should first consult with them.

Patients seeking a testing order at other hospitals should also consult with their physician or hospital network, either online or over the phone.

Innovative Express Care, 2400 N. Ashland, is also requiring patients to submit to a telephone screening before they can be tested. Unlike hospitals in the area, those seeking tests at the clinic don’t need to be a part of a specific health care network to be treated.

As of Monday, 24 of the 175 patients tested for COVID-19 at the urgent care center were positive. On Tuesday, a tent was set up outside the office “to allow clinicians to keep up with the growing volume of patients and safely test those who may have COVID-19.”

Walmart and Walgreens also started testing health care workers and first responders at federally supported sites outside stores in the Chicago area over the weekend. Walmart's drive-thru sites are located in Joliet and Northlake, while a Walgreens in Bolingbrook is also doing testing.

Pritzker said those sites can currently conduct around 100 tests a day, and each could run roughly 250 daily tests "with expanded staffing."

The state's first drive-thru site also opened Monday at 6959 W. Forest Preserve Drive. More than 130 members of the Illinois National Guard are now manning the temporary facility, which is currently only testing front line responders and medical personnel.

A line of cars swarmed the new site on Monday and Tuesday, though only 250 people can get tested each day.

Widespread testing won't start for 'weeks, if not months'

Despite the added testing sites, the capacity for running those tests remains limited as the lingering supply chain issues continue to stymie more expansive efforts.

Advocate Aurora Health on Friday announced it was pausing drive-thru testing at 19 sites in Illinois and Wisconsin due to the national shortage of testing kits. The move to "conserve tests for those in critical need" came after health care workers at Advocate Lutheran General Hospital in Park Ridge had started administering drive-thru tests.

Chun, from the state's hospital association, said "there's still a bottleneck in the supply chain" that's hindered hospitals' ability to ramp up testing.

"Hospitals are ready to do it but they're hamstrung by the supply issue," said Chun. "The [federal government] keeps promising these test kits every day, every week. For weeks, they've been saying 'Okay, they're on their way.' And then we don't see it."

Recently, some private companies that have received emergency approval to manufacture testing kits have also started to make big promises.

Abbott Labs, headquartered in Lake Bluff, announced last Wednesday that 150,000 tests were immediately being sent out to existing customers. In a statement, Abbott vowed to "continue ramping up production to the highest levels possible, with the goal of providing up to 1 million tests per week." On Saturday, California-based Cepheid said its newly approved test — which offers results in just 45 minutes — would start shipping this week. But David Persing, the company's chief medical officer, told Stat News on Saturday that the test isn't "for the worried well" and shouldn't be used in doctor's offices.

Roche, a major health care company headquartered in Sweden, has distributed around 400,000 tests in the past week, the company's CEO Severin Schwan told CNBC on Monday. As of Tuesday, just over 350,000 people had been tested for the coronavirus across the country, according to The COVID Tracking Project.

Based on the current supply, Schwan said only high-risk patients and those with signs and symptoms of infection should be prioritized for testing. He predicted that it could take "weeks, if not months" for widespread testing to start in the United States.

"Ideally we would have broader testing," said Schwan. "But at the moment, capacities are limited."



[NBC Chicago TV Dramas Donate Med Gear To Real Coronavirus Heroes](#)

March 23, 2020 – *MSN*

NBC producers of "Chicago Med," "Chicago Fire" and "Chicago P.D." pulled off a three-show crossover to help combat a real-life pandemic crisis.

Producers, a prop master and network executives collaborated to donate a stockpile of medical-grade protective equipment used as props on all three hit prime-time dramas to the real-life doctors, cops and paramedics on the front lines of the new coronavirus outbreak.

The effort started with a call for help to "Chicago Med" associate producer Dr. Andrew Dennis — a Stroger Hospital trauma surgeon and Cook County Sheriff's Police medical operations director.

"I got a critical call from one my former [medical] residents in Rockford who said they had nothing, and we were able to get them 20 or 30 N95 masks and 100 disposable gowns," Dennis said.

"It turned out we had thousands of N95 masks, thousands of surgical masks, a thousand disposable gowns and hundreds of boxes of gloves."

There's such a shortage of N95 respirators, which get their name because they are able to block at least 95 percent of 0.3 micron particles that Vice President Mike Pence asked construction companies nationwide to donate the masks to hospitals in need.

Locally, the Illinois Health and Hospital Association called on dentists, veterinarians and construction workers to donate face masks and respirators to first responders treating COVID-19 patients.

With filming halted, Dennis and his "Chicago Med" co-workers teamed up to get the personal protective gear out of storage and in the hands of COVID-19 first responders.

"Chicago Med" prop master Chris Shader rounded up and inventoried the gear from the sets of all three shows. Producer Carla Corwin got the donation approved by NBC Universal executives. And Dennis coordinated delivering the equipment to the Illinois public health and emergency management departments.

"We know everybody needs the personal protective equipment but the question is which need is the most critical," Dennis said. "So, we thought the best way to handle disbursement was to get it in the hands of the state to make sure it goes to the truly vetted, most critical need. That's the goal."

IDPH is set to pick up the protective gear at Cinespace Chicago Film Studios, where all three shows are filmed.



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[‘We need help:’ Nurses call for more protective equipment](#)

March 23, 2020 – *WGN 9 Chicago*

As the number of confirmed cases rises so does the need for proper safety gear. And the state said Illinois just doesn’t have enough of it.

Illinois is in desperate need of more masks and more ventilators to fight COVID-19.

National Nurses United held a press conference outside Stroger Hospital in Chicago Monday and said they are being put in harm’s way with no protection.

Earlier in the day, Governor JB Pritzker said he’s doing what he can to get healthcare workers on the front lines the personal protective equipment they need.

Pritzker anyone with unused supplies to donate them to the state by emailing ppe.donations@illinois.gov.

Illinois is also relying on local manufacturers to increase production. The state says on March 6 it first began requesting help from the federal government. But weeks have gone by and the state has only received:

10% of the N95 masks it asked for

10% of the surgical masks it asked for

4% of the gloves it asked for

And none of the 4,000 respirators it requested.

Nurses on the front lines are begging for the proper gear.

“We don’t have enough protective equipment. We need help,” Pediatric RN Mildred Austin said. “I make a sacrifice to come to work and I can’t even protect myself properly.”

The Department of Health and Human Services said states are receiving a pro-rata share of supplies based on population as of the 2010 census. They are trying to be fair.

Pritzker said 3.5 million masks are on their way to Illinois right now.

THE PANTAGRAPH

'We feel like we're in this alone': Nurses treating coronavirus patients plead for more protective gear

March 21, 2020 – *Pantagraph*

Consuelo Vargas went to a hardware store Friday, scanning the aisles for anything she felt might protect her.

Vargas is a nurse in the emergency room at Stroger Hospital, where she said she already has treated suspected COVID-19 patients without wearing a mask. To help feel protected, she purchased coveralls meant for painters and booties to wrap around her shoes.

She and other nurses across the city are growing increasingly concerned about how they can safeguard themselves, their families and their patients when they say their hospitals don't have enough personal protective equipment like masks, goggles and gowns.

Recently, Vargas said, a supply cart where she accesses available gear only had one surgical mask with a face shield, and none of the hardier N95 masks. Even when masks are available, Vargas said, medical personnel are told to reuse them for five days and given a paper bag to keep them in. She refuses to reuse masks because she feels that puts both her and her patients at risk.

"There's no way to have a mask that you've been using for that amount of time, even after one time, and then put it in a bag and put it on your face and not touch it in the wrong way where you're not going to contaminate yourself or somebody else," she said.

Robert Feldman, attending emergency medicine physician and director of emergency management for Cook County Health, which includes Stroger, said in a statement that hospitals across the country are making difficult decisions to prevent further spread of the virus and protect workers.

"Do we look forward to the day when an ample supply of PPE (personal protective equipment) is again available to every hospital? We do," he said. "But until the supply chain can catch up again, like other hospitals across the country and the world, we have instituted tighter controls."

Nurse advocates have been raising the alarm about a lack of basic gear to protect them. The Illinois Nurses Association has noted a lack of available face masks and shields and requested better protection.

"In these uncertain times, we must make every effort to support nurses so that they can take care of patients in Illinois," the union said in a statement.

And the American Hospital Association, which represents nearly 5,000 hospitals and health care networks, announced Friday it will ask Congress for \$100 billion in aid, including funds for supplies.

Vargas has treated a patient suspected of having the virus. During the time she helped the patient, which included respiratory procedures, she was not wearing a mask. She is waiting to hear whether the patient tested positive.

“I feel like health care workers are being asked for a lot right now, and we just want what we need to do our jobs,” she said. “It’s like if you tell a construction worker to go work on the Sears Tower and you don’t give them any kind of hard hat, you don’t give them any kind of safety harness. You would never do that.”

For Vargas, trying to treat patients while worrying about her own safety adds stress to an already difficult assignment.

“It’s kind of a fend-for-yourself environment,” she said. “So the nurses are really having to depend on each other. We feel like we’re in this alone.”

Paul Pater, a co-chief steward of the Illinois Nurses Association and a nurse in the emergency room at University of Illinois Hospital in Chicago, said he has been watching as photos stream in from other countries of health care providers wearing hazmat suits. He and his colleagues, he said, are told to use a face shield, goggles, surgical mask and a disposable gown.

“It’s the equivalent of fighting a dragon with a paper sword,” he said.

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Herald & Review

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March 21, 2020 – *Herald & Review*

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Part of the caution in focusing too much public attention on building out new space, public health experts have said, is that the most crucial task remains slowing the spread of the disease through social distancing. To that end, medical facilities are also trying to enhance their ability to treat people without seeing them face to face. Numerous health care providers are pushing regular patients toward “telehealth” consultations for the time being.

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[Síntomas, prevención y como prepararse para el brote del COVID-19 en EEUU](#)

March 21, 2020 – ABC 7 Chicago

Frequent, thorough handwashing with soap and water is an important protective measure against the spread of illnesses such as COVID-19. Watch Dr. Mark Loafman, Chair of Family and Community Medicine, demonstrate his handwashing technique.



[Doctor: For the first time in my career, I'm afraid](#)

March 20, 2020 – CNN



Consuelo Vargas, an emergency room nurse at Cook County Health, discusses the health system's COVID-19 preparedness and response. In a statement shared with CNN, Dr. Robert Feldman, an attending physician in emergency medicine and Director of Emergency Management for CCH, says the health system and hospitals around the world are trying to make the most of the supplies they have to keep patients and staff safe.



[Nurses & doctors describe hospitals overwhelmed with staff shortages, lack of supplies](#)

March 20, 2020 – CNN

The image is a screenshot from a CNN news broadcast. On the left, a woman with dark hair, wearing an orange t-shirt with a 'National Nurses Union' logo, is speaking. The background behind her shows a window with blinds and a wall with a picture of a landscape. On the right side of the screen, there is a dark purple overlay with white and red text. At the top of this overlay is the text 'CORONAVIRUS PANDEMIC'. Below that, it lists 'GLOBAL' statistics: 'TOTAL CASES 250,000+' and 'DEATHS 11,200+'. Underneath is 'UNITED STATES' statistics: 'TOTAL CASES 16,500+' and 'DEATHS 215'. A small source note reads 'SOURCE: JOHNS HOPKINS UNIVERSITY, CNN'. Below the statistics is a 'MARKETS WATCH' section with a small line graph and the text '-4.55%' and '-913.21' next to a blue bar, and 'DJI 19,173.98' with a red downward arrow. At the bottom right of the overlay is the CNN logo and the time '4:37 PM ET'. At the bottom of the entire screenshot, a black bar contains the text 'Consuelo Vargas | Illinois Nurse and Union Member' and 'THE LEAD' in a white box.

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Consuelo Vargas | Illinois Nurse and Union Member

4:37 PM ET

THE LEAD

Consuelo Vargas, an emergency room nurse at Cook County Health, describes her experience on the front line of the COVID-19 pandemic.

Vox

[Health care workers are running out of face masks. They're asking people to donate.](#)

March 20, 2020 – Vox

Masks and respirators are designed to be worn only once, but some medical professionals are being asked to re-wear their gear.

The world is experiencing a shortage of surgical masks and respirators. Countries around the globe are scrambling to bulk up their mask supplies to help curb the spread of the novel coronavirus and allow medical professionals to safely treat infected patients. It's crucial for health care workers, doctors, and nurses on the front lines of the disease to have the proper protective gear to lower the risk of contracting Covid-19, but America's mask supply is being so rapidly depleted that even the Centers for Disease Control and Prevention has suggested homemade masks, like bandanas or scarves, "as a last resort" for health care providers in "settings where face masks are not available."

Public health officials warned about a strain in the supply chain for masks and other equipment in late February, when the pandemic started to spread in the US, which prompted regular people to snatch up medical supplies. By hoarding masks and respirators, civilians have contributed to the shortage of personal protective equipment (PPE) for health workers. (The US government is also partly to blame for overwhelming the health care system by not taking fast enough action to test citizens.)

Hospitals across America are running out of supplies, and medical professionals online are urging the public to donate whatever they've stockpiled to local health care facilities. Masks and respirators are typically designed to be worn only once, but in the face of dwindling inventory, some health care providers are asked to re-wear their gear. Alarmed by the lack of protective equipment, doctors, nurses, and health workers are sharing anecdotes about the risk this brings to them and their patients, calling on people to donate what they can.

"Don't hoard N95 masks. If you bought some already, donate them back to a local hospital," Jeremy Faust, an emergency doctor, wrote on Twitter, adding that a "respected colleague" told him that their hospital was considering reusing N95 masks since they're running out. Leah Tatebe, a doctor at Cook County Health in Illinois, posted a photo of one packaged N95 respirator writing, "This is my one N95 mask. I have been instructed to preserve it for up to 30 days by covering it with regular surgical masks which are also on critical shortage. The supply chain should not have crumbled."



Leah Tatebe
@LeahTatebe



#GetMePPE This is my one N95 mask. I have been instructed to preserve it for up to 30 days by covering it with regular surgical masks which are also on critical shortage. The supply chain should not have crumbled. Our patients deserve better! We deserve better!



♡ 367 12:55 PM - Mar 18, 2020



💬 274 people are talking about this



The CDC updated its guidelines for protective medical equipment use on March 10, as “the supply chain of respirators cannot meet demand,” according to its website. Instead of recommending health care workers to wear N95 respirators, which filter out 95 percent of airborne particles, less protective surgical masks are now “an acceptable alternative,” health officials said. On March 19, Vice President Mike Pence said that new legislation would ramp up mask production, promising tens of millions more to reach health care workers each month starting immediately. Yet, it’s unclear when these mandated supplies will actually be delivered to care providers; Bloomberg Law reported that it could take over 18 months for the White House’s order of 500 million respirators to be fully shipped over if they’re being manufactured in China.

Since February, it has been difficult for the average American to get their hands on masks in local pharmacies, health supply stores, and on Amazon — even when American health experts explicitly said, at the time when relatively few people were known to be infected, that healthy people didn't need to wear them. People hoarded masks and respirators out of fear or shipped them to countries like China, Japan, or Italy for friends and family, where it was prohibitively expensive or just difficult to buy.

Expert recommendations about wearing masks in public, however, have changed as the US's case count surpassed 14,000 by mid-March, with some Covid-19 patients being asymptomatic or only exhibiting mild symptoms. Shan Soe-Lin and Robert Hecht of the nonprofit Pharos Global Health Advisors published an op-ed in the Boston Globe on March 19 writing, "Masks work. There is widespread evidence from the field of occupational health, the SARS epidemic, and other outbreaks that wearing masks protects us from germs and interrupts the transmission of disease from sick to healthy people." They suggested for the average person to cover their face with nonmedical masks when leaving the house, using accessories like bandanas or scarves.

So why is it so hard to produce new masks? The New York Times reported that China made half of the world's masks before the outbreak, and while factory production has increased nearly twelvefold, the country has kept most of its inventory as it sought to control the virus. US mask manufacturers are also seeing unprecedented demand for masks, with Prestige Ameritech, the country's biggest producer, aiming to make 1 million masks a day, compared to an average 250,000 before the pandemic.

Despite these efforts, the short-term future appears grim. Mark Parkinson, president of the American Health Care Association and National Center for Assisted Living, estimated during a press call on March 17 that 20 percent of suppliers won't be able to provide more equipment for medical staff next week and that another 20 percent will run out of stock the week after, Roll Call reported. And unions representing health care workers, like National Nurses United, say they're worried that frontline workers have been forced to reuse masks and wear less protective equipment.

Earlier this week, Pence also asked construction companies to donate their mask inventory, especially respirators, to local hospitals and "forgo making new orders." The production teams behind some TV medical dramas, like Fox's *The Resident*, ABC's *The Good Doctor*, and *Grey's Anatomy* spin-off *Station 19*, have donated boxes of masks, gloves, and gowns to local hospitals. At the community level, people are using grassroots organizing tactics to find and distribute unused protective gear and supplies to local facilities, BuzzFeed News reported. ProjectN95 is just one group facilitating mask donations, and other GoFundMe-powered groups are working to import masks from China. Americans are receiving aid from abroad, most notably from Taiwan, which pledged to donate 100,000 masks a week, and Chinese billionaire Jack Ma, who donated 1 million masks and 500,000 test kits.

We're living in uncertain times, and it's natural to feel somewhat helpless, especially while reading an article about how crucial medical supplies are running low. Still, there are actionable things you can do to help flatten the curve: Stay home if you're able to. Cover your face when you have to go outside and limit your social interaction. Don't hoard masks; donate them if you have an excess. Individual action matters at this point, and it can indirectly prevent the health care system from becoming more overwhelmed.

Chicago Tribune

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THE PANTAGRAPH

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Chicago Tribune

['We feel like we're in this alone': Nurses treating coronavirus patients plead for more protective gear](#)

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She and other nurses across the city are growing increasingly concerned about how they can safeguard themselves, their families and their patients when they say their hospitals don't have enough personal protective equipment like masks, goggles and gowns.

Recently, Vargas said, a supply cart where she accesses available gear only had one surgical mask with a face shield, and none of the hardier N95 masks. Even when masks are available, Vargas said, medical personnel are told to reuse them for five days and given a paper bag to keep them in. She refuses to reuse masks because she feels that puts both her and her patients at risk.

"There's no way to have a mask that you've been using for that amount of time, even after one time, and then put it in a bag and put it on your face and not touch it in the wrong way where you're not going to contaminate yourself or somebody else," she said.

Robert Feldman, attending emergency medicine physician and director of emergency management for Cook County Health, which includes Stroger, said in a statement that hospitals across the country are making difficult decisions to prevent further spread of the virus and protect workers.

"Do we look forward to the day when an ample supply of PPE (personal protective equipment) is again available to every hospital? We do," he said. "But until the supply chain can catch up again, like other hospitals across the country and the world, we have instituted tighter controls."

Nurse advocates have been raising the alarm about a lack of basic gear to protect them. The Illinois Nurses Association has noted a lack of available face masks and shields and requested better protection.

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“I feel like health care workers are being asked for a lot right now, and we just want what we need to do our jobs,” she said. “It’s like if you tell a construction worker to go work on the Sears Tower and you don’t give them any kind of hard hat, you don’t give them any kind of safety harness. You would never do that.”

For Vargas, trying to treat patients while worrying about her own safety adds stress to an already difficult assignment.

“It’s kind of a fend-for-yourself environment,” she said. “So the nurses are really having to depend on each other. We feel like we’re in this alone.”

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Herald & Review

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And the American Hospital Association, which represents nearly 5,000 hospitals and health care networks, announced Friday it will ask Congress for \$100 billion in aid, including funds for supplies.

Vargas has treated a patient suspected of having the virus. During the time she helped the patient, which included respiratory procedures, she was not wearing a mask. She is waiting to hear whether the patient tested positive.

“I feel like health care workers are being asked for a lot right now, and we just want what we need to do our jobs,” she said. “It’s like if you tell a construction worker to go work on the Sears Tower and you don’t give them any kind of hard hat, you don’t give them any kind of safety harness. You would never do that.”

For Vargas, trying to treat patients while worrying about her own safety adds stress to an already difficult assignment.

“It’s kind of a fend-for-yourself environment,” she said. “So the nurses are really having to depend on each other. We feel like we’re in this alone.”

Paul Pater, a co-chief steward of the Illinois Nurses Association and a nurse in the emergency room at University of Illinois Hospital in Chicago, said he has been watching as photos stream in from other countries of health care providers wearing hazmat suits. He and his colleagues, he said, are told to use a face shield, goggles, surgical mask and a disposable gown.

“It’s the equivalent of fighting a dragon with a paper sword,” he said.

The Centers for Disease Control and Protection suggested this week that health care workers could consider using a bandanna or a scarf. Chicagoans are even sewing masks to give hospitals.

Pater himself is in quarantine after treating a patient who later tested positive for the coronavirus. When he was treating the patient, which was earlier this month, he was wearing only scrubs.

Right now, he’s waiting to hear back on whether he has the coronavirus. He’s had a light cough and an on-and-off mild fever. He hopes he can return to work soon.

When he does, he hopes to be wearing more than scrubs.



[Cook County Launches “AlertCook” Text System To Provide COVID-19 Updates](#)

March 19, 2020 – *WBBM Newsradio*

Cook County Board President Toni Preckwinkle, along with the Cook County Department of Public Health (CCDPH) and the Cook County Department of Emergency Management and Regional Security (EMRS), announced Thursday the launch of a new emergency text alert system, hotline number and email address to keep the public informed with accurate information regarding COVID-19.

“AlertCook,” the new Cook County public health and safety messaging service, offers subscribers a direct line of communication to receive updates from Cook County Government related to public health alerts and emergency management.

"In an effort to foster communication in this rapidly evolving environment, we are announcing the activation of a new emergency text alert system," Preckwinkle said. "We want to ensure Cook County can quickly communicate with the residents we serve with accurate and timely information."

Simply text ‘AlertCook’ to 888-777 to opt-in and receive the latest COVID-19 alerts and information. Normal texting rates apply.

“Our goal as the County’s emergency management agency is to ensure everyone has the information and assets they need to accomplish their role in disaster response,” said William Barnes, executive director of EMRS, in a statement. “AlertCook immediately helps in achieving that goal.”

CCDPH also announced the activation of its COVID-19 hotline and email address for the general public to receive answers to frequently asked questions. The hotline number: (708) 633-3319 and email address: ccdph.COVID19@cookcountyhhs.org will be staffed between the hours of 9 a.m. and 4 p.m. Monday - Friday.

“This truly has been a rapidly evolving situation and people are understandably looking for the latest accurate information and guidance,” said CCDPH Chief Operating Officer Dr. Terry Mason, in a statement. “We have seen a spike in calls that necessitated mobilizing a team to respond to the increasing demand.”

For the latest COVID-19 updates all Cook County residents can text “AlertCook” to 888-777. Suburban Cook County residents can call the CCDPH COVID-19 Hotline at 708-633-3319 or email ccdph.COVID19@cookcountyhhs.org.

CHICAGO SUN★TIMES

[Toni Preckwinkle: We are one Cook County, one people, in fighting the coronavirus](#)

March 19, 2020 – *Chicago Sun-Times*

How we help and support one another now will define this chapter in our history.

I have seen a lot in my 73 years. We have confronted terrorism, earthquakes and tornadoes, heavy spring rains and flooding and much more. Through it all, I know this to be true:

We always have resolve.

We always recover.

We always move forward.

Chicago rose from the ruins of the Great Fire of 1871 to ultimately become one of the world's great cities.

During the flu pandemic of 1918, Cook County's health system was at the forefront of treating patients, and it is now among the leading public health systems in the United States.

We in Cook County are not immune to disasters, natural or man-made. We now face the challenge of confronting the COVID-19 virus. A pandemic is something that very few of us have ever experienced: an invisible, odorless, colorless enemy with no physical manifestation.

Your concern and uncertainty are natural. It's understandable. It's human.

Yet it is how we now act and react, how we mindfully alter our daily routines to adhere to the guidance of medical experts, how we cope with the impacts we all feel and, importantly, how we help and support one another that will define this chapter in our history.

At Cook County, we have approached the pandemic in a cautious, yet deliberate, way. Our actions and decisions are informed by the best, most reputable science, data and information available. We are collaborating with our own health experts and with our partners at the city, state and federal levels. With our workers and small businesses in mind, I have called on my Bureau of Economic Development to create a Cook County Coronavirus Economic Response Team.

This team is composed of dozens of County employees and is already working on an economic recovery plan of action. We will draw upon all of our resources to do whatever it takes to support businesses and families in this turbulent time.

We are working closely with sister agencies like the Housing Authority of Cook County, the Cook County Land Bank and the Chicago Cook Workforce Partnership, and with all separately elected County officials as well as with our colleagues at all levels of city, state and federal government to develop a comprehensive response for businesses, workers and residents during this challenging time.

We are also working in lockstep with the National Association of Counties as we make requests of the federal government on behalf of Cook County cities, towns and villages for resources that will include but not be limited to:

- More COVID-19 test kits
- Personal protective equipment and supplies — such as masks, gowns, face shields, and disinfectants
- Immediate funding for staff and supplies, rather than waiting for federal reimbursement at a later date
- Emergency Solutions Grants to assist homeless shelters, families and veterans in jeopardy of becoming homeless
- Community Development Block Grants Special Disaster Relief Funding to support neighborhoods and communities.

It is clear that local and state governments must continue to take the lead during this uncertain chapter in our nation's history. I am proud of the affirmative steps at containment our city, county and state have taken — together — and the seriousness with which we have all approached this crisis. And this is just the beginning.

This kind of collaboration, cooperation and partnership is what it will take from all of us — from the seats of government to your own home — to steer us through the coming weeks and, perhaps, months of this situation.

Today is difficult. I know this. Tomorrow may be harder. And it may seem hollow to say we are all in this together, but it is the simple truth. We are one community. We are one Cook County.

While we are challenged now and will be challenged in the days and weeks to come, I am hopeful.

I'm hopeful when I hear of cases like the team of nurse epidemiologists at Cook County Health who have recently trained thousands of clinical staff on proper procedures for screening, administering testing and treatment of COVID-19 patients and how, as frontline healthcare workers, to keep themselves safe. No matter the day, time, questions or concerns, they have made themselves available 24-7.

I am hopeful when I hear of social impact organizations such as My Block, My Hood, My City, which have been distributing care packages to seniors in need of the most basic supplies, such as food, toilet paper and water.

I am hopeful when I see our first responders throughout all of Cook County, including the clinicians and public health professionals, and local units of government coming together ready to serve.

We are navigating uncharted waters. We are all making difficult choices every day. These choices are hard and ones that we would rather not have to make — but when faced with seemingly insurmountable odds, our local governments and the people of Chicago and Cook County will rise to the challenge.



[Cook County Launches “AlertCook” Text System To Provide COVID-19 Updates](#)

March 16, 2020 – *WBBM Newsradio*

Cook County Board President Toni Preckwinkle, along with the Cook County Department of Public Health (CCDPH) and the Cook County Department of Emergency Management and Regional Security (EMRS), announced Thursday the launch of a new emergency text alert system, hotline number and email address to keep the public informed with accurate information regarding COVID-19.

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[Coronavirus: From hand-washing to wearing masks, here's how to protect yourself](#)

March 16, 2020 – ABC 7 Chicago

RIVERSIDE, Calif. -- Concerns over the novel coronavirus or COVID-19 continue to grow around the world and here at home. But when it comes to protecting yourself and your family's health there is nothing novel about it.

"For us in America, right now is to be prepared. We are not seeing the extent of the disease like other parts of the world. I think that's given us a little time to step back and say OK what do we need to do?" said Dr. Michael Daignault with Providence Saint Joseph Medical Center.

As an emergency room doctor, Daignault says the first defense against the virus is in your hands. "I think the absolute best thing you can do is keep your hands away from your face and it is not sexy but wash your hands frequently," he said.

Dr. Mark Loafman, chairman of Family Medicine at Cook County Health, explains the proper technique and duration for washing your hands to prevent the spread of illnesses. Scrubbing should continue for at least 20 seconds, which happens to be the amount of time it takes to hum the "Happy Birthday" song twice.

It takes 20 seconds with soap and warm water to properly clean the front and back of hands. The same goes for hand sanitizer which is OK when soap and water aren't available.

The US Food and Drug Administration said that water should be 100 degrees to properly remove oils from hands, which may harbor bacteria. However, the Centers for Disease Control and Prevention says that water can be warm or cold, as long as you're scrubbing with soap for 20 seconds.

A 2017 Rutgers University study said that lukewarm, or cold water could work just as well. However, if you prefer warmer water at that 100 degree temperature, and it's available, you might as well use it.

While some are also using surgical masks in the hopes of keeping germs away the Centers for Disease Control and Prevention and doctors aren't recommending them.

"We are not recommending people should walk around wearing masks right now. If you are sick, you should probably wear a mask. If you are sick, you should stay at home," said Daignault. Household disinfectant wipes and sprays that say they kill viruses are also good for cleaning "hot zones" in your home or office including countertops, door handles and other frequently shared items.

It also a good idea to carry wipes if you plan on traveling. "Wipe down the seat tray and seat pocket in front of you and your hand rails. That definitely helps. And if you want to do that in public I don't think there is any harm to that," said Daignault.

To learn more about the coronavirus go to the Centers for Disease Control and Prevention.

CHICAGO SUN★TIMES

[Can our hospitals handle the coronavirus outbreak?](#)

March 14, 2020 – *Chicago Sun-Times*

Rush University Medical Center has set up a triage tent. Northwestern Memorial Hospital and the University of Chicago Medical Center could convert parts of their facilities. **Cook County's flagship Stroger Hospital has been preparing since January.**

Chicago hospitals, like those in much of the country, are prepping for the worst as the coronavirus outbreak grows. Some doctors fear hospitals could become so overwhelmed they could be forced to ration medical care, as has happened in Italy.

"This is going to be a fairly tremendous strain on our health system," warned Dr. William Jaquis, president of the American College of Emergency Physicians.

U.S. hospitals have fewer than 100,000 beds for those most ill, according to the Society of Critical Care Medicine. In Japan, there are 13.4 beds per 1,000 people; in Italy, it's 3.4 per 1,000, according to a World Bank report.

In the U.S., it's 2.9 beds per 1,000 people.

As for ventilators, a necessary tool to combat respiratory problems, U.S. hospitals have 62,000 full-feature devices, according to a report last month from John Hopkins University. Another 98,000 are more basic, but can be used in a pinch.

Danny Chun, spokesman for the Illinois Health and Hospital Association, is urging calm as public health officials in the state assess the magnitude of the virus locally, especially since most patients won't need hospitalization — and, therefore, won't need a bed.

"Nobody knows what the true number of patients needing intensive care could be," Chun said. "The data so far from China and the other countries seems to indicate that about 80% infected with the virus may not need hospital care, they'll have mild symptoms.

"Our hospitals are preparing, planning, holding drills, doing all kinds of preparations to address any needs," Chun said. "Is Illinois going to be like Washington state or New York state with the clusters? We don't know yet."

Chun said comparing various cities' and countries' capacity for treatment isn't productive because the virus spreads in different ways in every location. The most important factor in mitigating further spread and flattening the bell curve of the state's outbreak, he said, is widespread testing, which he called a "critical need" at this point.

Government health authorities are nonetheless taking emergency steps to waive certain laws and regulations to help hospitals deal with the crisis. Hospitals, too, are getting ready.

Rush University Medical Center is preparing its facilities by raising a tent inside its ambulance bay to test patients in isolation. The tent, put up Monday, is separate from the rest of the facility and gives the hospital an extra layer of protection from the easily spreadable virus.

Its purpose is “forward triage,” which means Rush doctors will determine the priority of a patient’s treatments before they enter the hospital. Air inside the tent and ambulance bay is sanitized before it’s exhausted outside to avoid cross-contamination elsewhere.

“Forward triage is usually reserved for mass casualty events . . . it is usually more of a military term,” said James DeVries, an instructor of emergency medicine at Rush. “In this scenario, we’re taking out the triage process and making it relate to infectious disease — isolating at-risk patients for coronavirus so we can maintain other patients’ safety while providing care.”

Deborah Song, spokeswoman for the Cook County hospital, Stroger, said the facility has been “prepared and ready since January.”



[How Long Is The Coronavirus Test Wait? Depends Where You Live](#)

March 12, 2020 – CBS 2 Chicago

Life as we know it is changing by the minute.

CBS 2's Vince Gerasole reported Thursday on the long, frustrating wait for test results.

Some people can get a result in just two days. For others it can be double that time or more. We learned it may depend on whether your test is being conducted by a

This is the tale of two quarantined patients waiting for answers. One is mother at home in the near western suburbs.

"I feel like I am in prison in my own home. I can't move and do much," the woman said.

The other is a Tulane University sophomore from Oak Park, who is confined to a vacant dorm room.

"I haven't gotten much sleep because I have been worried," said Lauren Flowers.

Neither are high risk patients, and both came down with similar symptoms over the weekend. By Tuesday, each tested negative for flu. But they'll wait significantly different times according to doctors to find out if they are positive for COVID-19.

In Chicago's western suburbs, they said it would be 24 to 48 hours.

And in Louisiana, they said two to seven business days.

Here's the difference: The patient in the western suburbs who wishes to remain anonymous is receiving a state test. Flowers test at Tulane is being conducted by a private lab.

"There are a lot of limitations right now. "I am guessing it has to do with supply and demand," said Dr. Sharon Welbel, Director of Epidimiology at the Cook County Health Department. "This is an evolving situation."

She said not only are labs rushing to create more coronavirus tests,, but some are still gearing up for the emergency and just don't have the staff or equipment to get the job done faster.

Welbel said Illinois is benefiting from its supply of available tests and the state's three government labs.

"When they first got the test, they run the test in the morning. By the evening I was getting my test result now taking about a day to a day and a half," Welbel said.

Neither of these patients is diagnosed and they worry about others in similar situations who might not be taking care.

“I could have potentially exposed other people I was responsible for and came home and I haven’t been out since,” said the west suburban woman.

CHICAGO SUN★TIMES

['Mass confusion:' Nurses union says health officials are unprepared for coronavirus](#)

March 12, 2020 – *Chicago Sun-Times*

The nurses held a candlelight vigil Wednesday at Stroger Hospital to mourn the victims of the coronavirus and urge hospital management “to step up their efforts to protect the staff and patients.”

As coronavirus cases in Illinois continue to rise, nurses in Chicago are criticizing how hospitals are responding and calling for increased protections and guidance on how to handle the spread of the deadly pandemic.

Members of the country’s largest nurses union, National Nurses United, held a candlelight vigil Wednesday night outside Stroger Hospital in the Illinois Medical District to mourn the victims of COVID-19 and urge hospital management “to step up their efforts to protect the staff and patients,” according to Falguni Dave, a charge nurse at the hospital and member of the affiliated California Nurses Association.

The local demonstration led by nurses from Stroger and University of Chicago Medical Center was part of a national day of action led by National Nurses United, which boasts 150,000 members nationwide.

Dave blamed the Centers for Disease Control and Prevention for not doing enough to implement a coordinated response to the outbreak and said that shortfall has resulted in “mass confusion” across the country, including at Stroger.

“We’re all confused as to what we need to do if we get a suspected case of coronavirus here at the hospital,” Dave told the Sun-Times.

Deb Song — spokeswoman for Cook County Health, which operates Stroger — rebuffed those claims and said that officials are taking the nurses’ concerns “very seriously” and prioritizing the safety of staff and patients. Stroger hasn’t treated anyone diagnosed with COVID-19.

“Our staff has direct access to our infection control team and that department has trained and made themselves completely available to every department at Cook County Health from the clinical staff all the way down to environmental services,” said Song, who noted that staffers who come into contact with infected individuals have also been instructed on donning personal protection equipment.

In addition to training 1,500 staff members in the Cook County Health system and providing opportunities for continuing education on coronavirus, Song said, county officials are also offering guidance and training to other hospitals.

But Dave said the system that’s currently in place would send potential coronavirus patients through the emergency room at Stroger and ultimately into the general population. That means those individuals could spread the disease to staff members, visitors and other patients they share a room with, she said.

“There’s no way of tracking any of these patients,” added Dave. “There’s no way of testing them. No swabs are being done.”

Song said that claim “doesn’t make sense at all,” noting that protocol actually requires individuals showing signs and symptoms to be “isolated immediately” in a special, negative-pressure room and treated by staffers required to wear the protective suits and special masks.

However, Dave isn’t the only one raising alarms.

A survey released last week by National Nurses United found that only 29% of responding nurses said there was a plan in place to isolate patients with a possible infection, while 23% said they didn’t know whether a plan was in place. On top of that, only 44% of responding union members reported that employers provided information about the virus and how to recognize and respond to possible infections.

But another group that represents nurses, the Illinois Nurses Association, while blasting the federal government, said the response from state and local authorities has been adequate.

“INA’s nurses feel there have been efforts by their facilities to prepare them to address the COVID-19 risk,” the group said in a statement Thursday. “Hospitals have conducted additional training and health care workers, including clinic and hospital RNs and LPNs, are working hard to address this public health crisis. Our nurses are working in virtually all health care settings, from screening at airports to emergency rooms and ICUs and are on the front line of the containment issues.”

During Wednesday’s vigil, Dave and other union members urged hospitals to streamline the assessment and care of people who may have contracted COVID-19.

The demonstration comes after National Nurses United, an affiliate of the AFL-CIO, claimed on Tuesday that things are only getting worse after the CDC weakened a series of protections that affect frontline health care workers. That included scaling back a requirement for those workers to use special respirators that filter out 95% of airborne particles.

The CDC explained that “the supply chain of respirators cannot meet demand” amid the coronavirus crisis and that surgical masks serve as “an acceptable alternative.” An agency spokesperson didn’t respond to a request for comment on the new guidance.

Bonnie Castillo, executive director of National Nurses United, slammed the move.

“If nurses and health care workers aren’t protected, that means patients and the public are not protected,” Castillo said in a statement. “This is a major public health crisis of unknown proportions.

“Now is not the time to be weakening our standards and protections, or cutting corners. Now is the time we should be stepping up our efforts.”

The Illinois Nurses Association agreed with the criticism in its statement Thursday, saying they “are angry at the gross incompetence of the federal government’s handling of COVID-19 pandemic. The lack of available face masks and, shields, as well as shortages of up to one thousand other items on the Strategic National Stockpile, reveal the federal government’s poor planning and mishandling of this crisis.”

BECKER'S --- **HOSPITAL REVIEW** ---

[National day of action: Nurses lobby for more workplace protection amid coronavirus](#)

March 11, 2020 – *Becker's Hospital Review*

Nurses across the country took part in a national day of action March 11 to protest the responses of hospitals and government to the new coronavirus pandemic.

Members of National Nurses United held rallies, news conferences and solidarity actions to call for more ways to protect themselves on the front lines of the coronavirus battle, the union said.

Some facilities in the U.S. are telling nurses to continue their working while asymptomatic, even though they've been exposed to COVID-19, the disease caused by the new coronavirus, the union said. And testing at hospitals has been infrequent, they've complained.

"If nurses and healthcare workers aren't protected, that means patients and the public are not protected," said Bonnie Castillo, RN and executive director of National Nurses United. "This is a major public health crisis of unknown proportions. Now is not the time to be weakening our standards and protections or cutting corners. Now is the time we should be stepping up our efforts."

Chicago nurses were among the healthcare workers participating in the day of action. They planned a vigil at Stroger Hospital to mourn COVID-19 victims and call on hospital management "to step up their efforts to protect the staff and patients," Falguni Dave, a charge nurse at the hospital, told the Chicago Sun-Times.

Deb Song, spokesperson for Cook County Health, which operates Stroger, told the Sun-Times officials are taking the nurses' concerns "very seriously" and keeping staff and patient safety at top of mind.

"Our staff has direct access to our infection control team, and that department has trained and made themselves completely available to every department at Cook County Health from the clinical staff all the way down to environmental services," she said.

Employees who come into contact with COVID-19 patients have also received instructions about wearing personal protection equipment, Ms. Song said.

California and Georgia hospitals also participated in the day of action. [View a complete list of events here.](#)

[More than 100 being monitored after coronavirus exposure in Arlington Heights](#)

March 8, 2020 – *My Suburban Life*

More than 100 people are being monitored for signs of the coronavirus after they had contact with a man treated at Northwest Community Hospital in Arlington Heights or his wife, who also contracted the disease.

Among those being monitored are health care workers and people who had community contact with the couple, who are doing well, health authorities said.

“All of those individuals are tracked,” Cook County Department of Public Health Senior Medical Officer Kiran Joshi said at a briefing organized by U.S. Sen. Dick Durbin, a Democrat from Springfield.

He said the health department is in daily contact with the individuals by email or phone. Joshi could not say how many were self-quarantined, and some of them live outside Cook County.

“It’s a regional response,” Joshi said, “because some of these folks live in neighboring jurisdictions.”

The couple, both in their 70s, had traveled to another state with evidence of community transmissions of the coronavirus, officials said. The man became ill, and his wife was infected from him.

The man was hospitalized over the weekend, and Northwest Community announced Thursday that he had been released.

His wife did not require hospitalization but was recovering in isolation at home, where her husband will join her.

At the briefing, Durbin said one positive was that Congress passed an \$8.3 billion package to help combat the disease in a bipartisan manner.

“The bottom line is it’s a good start,” Durbin said.

Jay Butler, deputy director for infectious diseases at the U.S. Centers for Disease Control and Prevention, said total diagnosed cases in the U.S. came to 150 with 11 deaths.

Ten of the fatalities occurred in Washington state, which is enduring an outbreak.

The Associated Press reported the number of U.S. deaths climbed to 14 on Friday.



[Live Chat: Illinois Experts Answer Your Coronavirus Questions](#)

March 5, 2020 – *NBC 5 Chicago*

Do you have questions about coronavirus, or COVID-19? We're bringing in three medical experts -- an Illinois infectious disease doctor, a Cook County senior medical officer and an internal medicine physician -- on Friday to answer them.

Between 3 p.m. and 5:30 p.m. on Friday, submit your questions in the chat below. Just type your name in "Display Name," hit "Sign In" and type your question, no further sign-in required.

Your questions will be answered live by Dr. Theresa Rowe, geriatrician and infectious disease doctor at Northwestern Memorial Hospital; **Dr. Rachel Rubin, a senior medical officer with the Cook County Department of Public Health**; and Dr. Jacqueline Ivey-Brown, an internal medicine physician at Advocate Christ Medical Center in Oak Lawn.



[Amid growing coronavirus cases, another number increasing: recoveries](#)

March 5, 2020 – *NBC News*

It only took a few days for the Wisconsin patient to get over the fever and a cough — and feel well enough to get out of bed and back to normal life: shop for groceries, hang out in a coffee shop, maybe see a new movie.

But that wasn't an option, because the patient wasn't getting over the common cold or even the flu. Instead, the individual had the new coronavirus, meaning it would be several weeks before the person — who remains unidentified for privacy — could leave the house or invite friends and family to visit.

"For most people, this will be the course. It will be like a cold," Dr. Nasia Safdar, the patient's physician, told NBC News.

So far, at least 15 people with confirmed coronavirus infections in the United States are said to have made full recoveries. In addition to the Wisconsin patient, six people in California, four people in Nebraska, two people in Illinois, one in Arizona and one in Washington are better.

In South Korea, 47 people were declared-virus free Tuesday, the largest discharge of patients that country has seen in a single day. A total of 88 people in South Korea have recovered so far.

And more than half of coronavirus patients worldwide have become better, according to the Johns Hopkins Center for Systems Science and Engineering. Of 96,988 cases around the globe, 53,638 have recovered.

What recovery looks like

People with confirmed cases of COVID-19, the illness that results from the new coronavirus infection, are either isolated in the hospital or at home — depending on the severity of their illness — until they no longer test positive for the virus. How long that takes can vary; one individual in Humboldt County, California, was released from isolation nine days after the case was announced; another, in Chicago, was in isolation in the hospital, and then at home, for about a month.

Isolation does not mean a patient is particularly dangerous. The measure is put into place simply to prevent spread of the virus in the community.

"That's why these seemingly drastic measures are being taken," Safdar, the medical director of infection control and prevention at UW Health in Madison, Wisconsin, told NBC News. "If you're a positive COVID-19 case, you stay in isolation until testing shows that you are negative."

"Then you can be released into the community," she said.

The World Health Organization reports about 80 percent of COVID-19 cases are mild. Most involve fever, cough and perhaps shortness of breath. People with mild cases are expected to recover without issue, and some may not be aware they're ever sick.

"It's reassuring to know that the majority of people who get this disease have no symptoms or mild symptoms," Dr. Robert Citronberg, director of infectious diseases with Advocate Aurora Health in Illinois, said.

But people with chronic health problems, such as diabetes or heart disease, are more likely to have complications from the coronavirus.

"Those are the ones who do poorly when they get pneumonia or an infection of the lung," Dr. Vincent Bonagura, an infectious diseases expert at the Feinstein Institutes for Medical Research at Northwell Health, said.

Wisconsin health officials declined to disclose the patient's age, but the majority of other patients who have suffered complications are older adults with underlying health problems.

Eight of the 11 people who have died so far were elderly, in their 70s, 80s or 90s. At least five of those patients were known to have underlying health issues, as do several other coronavirus patients currently in critical condition.

And because COVID-19 tends to affect the lower respiratory tract, people who smoke or have other chronic lung diseases may be at particular risk.

"Those things have created damage to the lung tissue," Dr. Terry Mason, chief operating officer of Illinois' Cook County Department of Public Health, said, adding "chronic lung diseases are going to make this a more difficult recovery."

Cook County was the site of the country's first evidence the virus had the ability to spread from one person to another: a married couple.

Both husband and wife have since recovered. But it took longer for them to get better; at least a few weeks, Mason estimated. Both were over age 60, and one had underlying health problems.

"We really wanted to make sure they didn't have fevers, any respiratory compromise or anything like that prior to their discharge," he said.

"Chances are, most people who don't have an underlying disease or are not terribly old, will recover pretty well from this virus," Bonagura said.

WBEZ91.5CHICAGO

Illinois And Cook County Health Officials Announce Positive Test For Coronavirus

February 29, 2020 – *WBEZ 91.5 Chicago*

CHICAGO (AP) — Health officials say a person in Illinois has tested positive for COVID-19, becoming the third suspected case in the state after two confirmed patients. According to a joint release issued by the Illinois and Cook County Departments of Public Health Saturday night, the unidentified patient is hospitalized in isolation as the test results await confirmation from the U.S. Centers for Disease Control and Prevention.

Northwest Community Healthcare in suburban Arlington Heights revealed Monday that the patient is in isolation at their hospital. Officials say they're working to determine who the patient has been in contact with.

Gov. JB Pritzker said Friday that two Chicago-area patients with confirmed cases of COVID-19 had made a full recovery. On Saturday, officials say the governor requested that all Illinois hospitals “implement additional testing” for the virus.

The announcement of another potential case comes as Chicago-area institutions are adjusting to newly-implemented travel restrictions announced by the Trump administration earlier Saturday. The federal government has banned U.S. travel to Iran, and it is urging Americans not to travel to regions of Italy and South Korea where the virus has been prevalent.

Some local universities are pulling students studying abroad in Italy out of the country.

Loyola University Chicago announced that its students studying at the John Felice Rome Center return home by March 4. About 230 students are studying there.



[Chicago Area Resident Tests Positive For Coronavirus, Cook County Department Of Public Health Confirms](#)

February 29, 2020 – *CBS 2 Chicago*

A patient in the Chicago area has tested positive for coronavirus, according to the Illinois Department of Public Health and the Cook County Department of Public Health.

The tests resulted in “presumptive” positives and will have to be confirmed by the U.S. Centers for Disease Control and Prevention.

The patient is hospitalized in isolation at an undisclosed location, and CDC protocols have been implemented. The patient is from Cook County, officials said. It is currently not known how the patient may have contracted the virus. Also on Saturday, Loyola University in Chicago ordered all students studying in Italy to return to the United States by March 4 after an outbreak of the virus in that country. Those students will be required to stay at home for a 14-day medical evaluation period.

Public health officials are working to find people who were in contact with the patient in an effort to reduce the risk of additional transmission. The state will request the CDC deploy a team to Illinois for support.

Governor JB Pritzker has requested that hospitals across the state implement additional testing to improve surveillance for the virus. Illinois was the first state to provide testing, and two more IDPH labs will be able to test specimens next week.

A Chicago couple was previously diagnosed with coronavirus and have both made full recoveries.

Reported coronavirus symptoms include mild to severe respiratory illness with fever, cough and difficulty breathing.

Because the virus has not been found to be spreading widely in the U.S., the risk to the general public remains low, according to a release from IDPH. Residents are encouraged not to alter their daily routines but remember to cover coughs and sneezes, wash hands with warm soap and water and stay home when sick.



What You Need To Know About Coronavirus; Your Questions Answered By An Expert

February 28, 2020 – CBS 2 Chicago



Health officials are stressing the risk of contracting coronavirus remains low here, but the public needs to plan and prepare.

What does that mean? CBS 2's Vince Gerasole went to an expert, Dr. Kiran Joshi, of the Cook County Department of Health, for some answers.

Right now, it's totally safe to go about your public activities, like riding the L, because the threat level is low. People must practice good hygiene like coughing into your sleeve and washing your hands frequently, Joshi said

"The most important thing to know is you are more likely to get sick from influenza, garden variety influenza, than the coronavirus," Joshi said.

CBS 2 posed a series of questions to Joshi:

Q: Can I get on a plane?

A: Yes

Q: Should I be concerned about mass transportation?

A: No

Q: Can I attend the theater, a convention or a sporting event?

A: Please do. The risk to the general public is low and there has been no community transmission that we are aware of in the United States.

Q: How long can coronavirus last on a surface?

A: It's actually unclear. The influenza virus can persist for 48 hours.

Q: What should I use to clean a surface?

A: You should use what you normally use, which is a bit of soap.

Q: Hand sanitizers, using them often, that's a good thing?

A: Yes absolutely, we'd encourage it.

Q: When do I know if I need to wear a mask?

A: Because the risk to the general public is low now and there isn't community transmission, we are not recommending folks walk around and wear masks. Enjoy your life and go about your daily business.

All of this makes sense now, but things can change. So for the best information be sure to check in with reputable sources, like the web sites for Centers For Disease Control and the Illinois Department Of Health.



[Pritzker, health experts talk Illinois' coronavirus response](#)

February 28, 2020 – *News Channel 20*

Governor JB Pritzker, Chicago Mayor Lori Lightfoot, and health experts took time on Friday to discuss the state's response to the coronavirus.

Earlier this month, two people in Illinois were confirmed to have COVID-19 and both individuals have made a full recovery.

The fight against the spread of the virus continues though.

“Our top priority is keeping Illinoisans safe and we are using every tool and resource at our disposal to prepare for this virus and contain any spread,” said Governor JB Pritzker. “This is a coordinated effort with state, city and local entities working together to put the full weight of our government behind this response. Illinois has a leading public health system that was the first – and remains one of just a few nationally – able to test for COVID-19 and we will continue leading the way forward to protect our communities.”

The immediate health risk to the state remains low.

While the latest available information suggests that person-to-person spread will continue to occur and additional cases are likely to be identified in the United States, most cases of COVID-19 cause a mild illness. In very rare cases people infected with the virus have died. Additionally, to date, data shows that children are less likely to become ill.

“For over a month, Chicago has been working daily to strengthen and refine our response to this situation, contain the virus, and protect our residents from any harm,” said Chicago Mayor Lori E. Lightfoot. “While the chances of contracting coronavirus remain extremely low, we will continue to closely monitor this situation as it evolves, and take appropriate preventive and pre-cautionary measures as needed in coordination with public health agencies, and our many community and healthcare partners.”

“We continue to actively monitor the international and domestic situation closely, plan ahead and strengthen and refine our local public health response,” said Dr. Ngozi Ezike, Director of the Illinois Department of Public Health. “We’ve undertaken these serious, but necessary measures while remaining in close communication with our federal and local partners to ensure all systems in place work efficiently and effectively.”

“Cook County Department of Public Health continues to work closely with IDPH, CDPH and the CDC in our efforts and will use what resources we have to minimize the risk of spread in our communities,” said Dr. Terry Mason, COO of Cook County Department of Public Health. “The collaboration between all the agencies is what resulted in the best possible outcome for the two confirmed cases. This is classic public health at work doing what we are trained and prepared to do.”

Current efforts to control and prevent the spread of COVID-19 include:

- Airport screening and monitoring health of travelers returning from China.
- Investigating confirmed cases of COVID-19 and monitoring friends and family who may have been exposed.
- Planning community measures that can help limit the spread of disease, like having ill individuals stay home (including housing and transportation needs).
- Providing regular guidance to hospitals and healthcare professionals, including information on infection control, personal protective equipment (PPE) supply planning, and clinical evaluation.
- Working to expand local laboratory testing for COVID-19.
- Developing and distributing guidance for childcare facilities, schools, universities, businesses, community- and faith-based organizations, among many others.

Here are important steps individuals and communities can take to help minimize the risk of COVID-19 spread:

- Practice everyday preventive actions such as performing frequent hand hygiene, using hand sanitizer or soap and water when visibly soiled; covering your cough and sneezes; avoiding ill people; and staying home when sick (except to seek medical care). These simple actions can prevent the spread of many illnesses, including COVID-19.
- Healthcare providers should continue to ask patients with fever and respiratory symptoms about their travel history. Refer to CDC's Guidance for Healthcare Professionals for more information on screening and evaluating Persons Under Investigation.
- Childcare facilities, K-12 schools and colleges/universities should review their emergency operations plans, including strategies for social distancing and online learning.
- Businesses and employers should actively encourage all employees to stay home when sick, perform hand hygiene, and cover coughs and sneezes. Businesses should review their emergency operations plan, including identification of essential business functions, teleworking and flexible sick leave policies. For more information see CDC's Interim Guidance for Businesses and Employers.
- Community- and faith-based organizations should review existing emergency operations plans, including strategies for social distancing and modifying large gatherings such as concerts and festivals.

More information can be found on the IDPH website, the CDPH website, and the CDC website and questions can be directed to the IDPH hotline, 1-800-889-3931.



[West Side United Announces \\$6 M Investment to Close Health Gaps](#)

February 27, 2020 – *Lawndale News*

West Side United announced a \$6 million investment aimed at closing health gaps and improving economic vitality in Chicago’s west side neighborhoods. To help further its efforts, West Side United (WSU) also announced the American Medical Association (AMA) as the newest member of its collaborative—formed by six of Chicago’s leading hospitals to address inequities in health care, education, economic vitality and infrastructure on the west side. Together, the AMA, Rush University Medical Center, Ann & Robert H. Lurie Children’s Hospital of Chicago, AMITA Health, Cook County Health, Sinai Health System, and University of Illinois Hospital & Health Sciences System, along with Illinois Medical District and financial partner Northern Trust, will invest capital in local businesses and organizations serving Chicago’s west side over the next two to five years. Investments will be deployed in the following neighborhoods: Austin, East Garfield Park, West Garfield Park, Humboldt Park, Lower West Side (Little Village), Near West Side, West Town, North Lawndale, and South Lawndale (Pilsen). To date, West Side United’s partners have invested a combined \$7.7 million in these west side neighborhoods.

THE COLUMBIA CHRONICLE

[Coronavirus epidemic is fueling discrimination toward Chinese students](#)

February 17, 2020 – *Columbia Chronicle*

When Anna Lee Ackermann, a junior interdisciplinary documentary major, was taking the Red Line, she noticed a middle-aged man staring at her from the other side of the train car.

“I was trying to mind my own business,” Ackermann said. “Every time I looked up, he would be looking at me.”

It was not until the man pulled his jacket over his face that Ackermann understood why he may have been looking at her.

“I remembered the coronavirus is a real fear for a lot of people right now,” said Ackermann, who was adopted as an infant from Jiangxi, China. “I understand the fear surrounding it ... but your fear shouldn’t be a reason to be afraid of an entire race.”

Several international students at the college, including junior cinema art and science major Sophia Huang, said they are more conscious than ever of Americans’ perceptions of Chinese people due to the global outbreak.

The virus was first detected in Wuhan, China, in December 2019 and has infected more than 60,000 people worldwide, with 15 confirmed cases in the United States—two residents in Chicago tested positive for coronavirus, as reported Friday, Feb. 7 by The Chicago Sun-Times.

Illinois is the first state in the country to be able to test for the coronavirus without having to send specimens to the Centers for Disease Control and Prevention, allowing Chicago medical officials to identify and contain any possible spread of the virus, as reported Tuesday, Feb. 11 by the Sun-Times.

The initial detection of the virus in China is causing widespread reports of racial discrimination in the U.S., despite the virus reportedly originating in animals such as bats.

Huang said people need to remember “it’s the coronavirus, not the Chinese virus.”

Other students like Zibo Lin, an international cinema art and science senior from Beijing, attempt to ignore the discrimination.

Lin said he finds it “funny” when people look at him as if he is actually carrying the virus.

While the U.S. declared the coronavirus a national public health emergency on Friday, Jan. 31, Dr. Jonathan Martin, an infectious disease physician with Cook County Health, said the threat of the virus to the general public is very low.

“There is no evidence for sustained person-to-person spread in the United States,” Martin said.

He added the virus is notably similar to influenza, better known as the flu, in regard to its symptoms and the way it spreads through coughing or sneezing.

Columbia has also taken action, informing students and faculty of the virus through a collegewide email Monday, Jan. 27. While it said there was “no immediate threat” to the Columbia community, it stated the Student Health Center has received instructions from the Illinois Department of Public Health and the Chicago Department of Public Health regarding triage procedures to address students who report flu-like symptoms.

Dean of Students John Pelrine said the college sent the email because of the number of people voicing their concerns to faculty and staff on the impact the virus may have on campus.

“People were relying on leadership at the college to keep them informed,” Pelrine said, adding that the college wanted to reiterate standard hygiene practices while assuring people that the coronavirus will not affect Columbia in any way.

Pelrine said the college is still monitoring the situation closely. He said only one student had recently traveled from Wuhan. Pelrine said the student checked in with the Student Health Center after returning to Chicago and has not developed any flu-like symptoms.

According to 2019 Institutional Effectiveness data, the latest data available, 142 students at Columbia are from China.

Pelrine said students should go to the Equity Issues Office or the Student Diversity and Inclusion Office for support and resources if they feel targeted for discrimination during this time.

Charee Mosby-Holloway, the director of Student Diversity and Inclusion, shares office space on the fourth floor of 618 S. Wabash with international students and scholars and said “our office space is available and open for all students at Columbia that are looking for a space ... to feel safe and included.”

Ackermann reminded students to be sensitive to others and to not give in to fear and discrimination.

“Don’t let your fear blindside your ability to see humanity,” Ackermann said. “There are some things you can’t control in life, but you can control how you respond to your fear.”



Public Health Officials Report No Further Spread Of Coronavirus; Say Risk 'Remains Low'

February 13, 2020 – CBS 2 Chicago

A week after a Chicago couple who contracted coronavirus went home from the hospital, public health officials said Thursday there is no sign of any further spread of the disease in the area.

Officials also sought to allay any fears people might have about visiting the Chinatown neighborhood in Chicago, saying there is no reason for anyone to change their behavior because of the virus.

“The risk to the general public from this new coronavirus remains low at this time,” said Dr. Allison Arwady, Commissioner of the Chicago Department of Public Health.

The outbreak started in Wuhan, population 11 million. While there have been at least 1,370 deaths and more than 60,000 coronavirus cases worldwide, only about 400 of those cases and just three deaths have been reported outside of mainland China.

Last month, a Chicago woman who had recently returned from China became the first confirmed case of Coronavirus in the Chicago area. She later infected her husband.

The couple was released from a hospital in Hoffman Estates last week, and were allowed back home under the guidance of the Centers for Disease Control and Prevention and the Illinois Department of Public Health.

Arwady said, while the couple themselves are still being monitored, health officials have completed a period of monitoring of the their family and community contacts, and determined there has been no further spread of the disease.

While health officials said they could not discuss whether those two patients face any restrictions on their activities, they said the couple does not pose a health risk to anyone else.

“Nobody is at risk from getting the infection from these individuals or anybody else in that community,” said Dr. Rachel Rubin, senior medical officer at the Cook County Department of Public Health.

Health officials also sought to combat any fears that people might have about visiting the Chinatown neighborhood in Chicago, where some restaurants and businesses reportedly have seen business drop as much as 50% since the first coronavirus case was confirmed in the region.

Arwady said there is no reason for anyone in the Chicago area to change their behavior; either by wearing masks in public, canceling events, or avoiding Chinatown.

“Please do not allow stigma, xenophobia, or fear to control your decisions. Chinatown and all of Chicago is open for business,” Arwady said.

She noted Mayor Lori Lightfoot attended the Lunar New Year Parade in Chinatown last week, and she said she and other city officials have shopped and dined in Chinatown in recent weeks without any fear of contracting the disease.

“We know that our Chinatown is very safe,” said Mabel Moy, President of the Chinatown Chamber of Commerce.

Moy said, while it was common to see people wearing masks in Chinatown immediately after the first confirmed case in Chicago was announced, she doesn’t see many people wearing masks in the neighborhood anymore.

“We don’t need to wear masks, we don’t need to do anything abnormal, we should all live in a normal life, and we should go out to eat, we go out to shop, and just tell people that in our area we are very safe,” she said.

Arwady also said, since coronavirus screening began at O’Hare last month, no travelers have been identified with fever or potential symptoms of the virus.

She said the overall number of travelers returning from China has dropped dramatically, due to quarantines and travel restrictions in china, a CDC recommendation to avoid travel to China, cancellation of most direct flights from China, and the federal government’s decision to deny entry to anyone who has traveled to China in previous 14 days if not a citizen or permanent resident.

Typically a couple thousand travelers from China arrive each day at O’Hare, but that number has plummeted to around 100.



[Coronavirus screenings at O'Hare to begin Wednesday amid China outbreak](#)

January 22, 2020 – MSN

Chicago's O'Hare Airport will now screen arriving passengers from China starting Wednesday amid growing concerns over the coronavirus spreading in China.

Travelers arriving to at O'Hare from Asia said it was business as usual.

"They just had a little sign 'if you're coming from Wuhan let us know. If you have a fever let us know,'" said traveler Jane Hartung.

Hartung flew from Bangkok, Thailand to Tokyo, Japan, eventually returning to the U.S. at O'Hare Wednesday morning. On that intercontinental journey, the potentially deadly coronavirus was merely an afterthought.

"The risk out there did not seem to be that big," she said.

Nicholas Gonzalez took extra precaution on his visit to Japan.

"This time knowing about the virus, I definitely brought a lot of extra sanitizer and I started wearing a mask myself," Gonzalez said.

But he also experienced calm.

"When I landed here, I saw the same signs talking about if you went to a certain area in China," he said.

When screenings start at O'Hare, they'll focus on those traveling through Wuhan China, where health officials believe the nasty strain of coronavirus originated at a food market. Screeners are looking for symptoms like fever, coughing and shortness of breath.

The new virus is only the seventh identified coronavirus that can infect humans. According to the Centers for Disease Control and Prevention, symptoms of common coronaviruses include runny nose, headache, cough, sore throat and fever. However, more severe coronaviruses can cause illnesses like severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS).

The Chinese government now says this virus has killed at least 17 people, infecting more than 400 in China alone.

Tuesday, the CDC announced the first confirmed U.S. case. That patient is expected to be OK.

Still, some travelers are on edge.

"I was really scary because I'm traveling. Also my family is worried about me," said Lie Onichi, who is visiting from Kyoto.

United Airlines released a statement, saying, "The safety of our customers and employees is our top priority. Health officials met United flight 836 upon its arrival at Chicago O'Hare earlier today and met and released two passengers. We continue to follow CDC guidelines and remain in close contact with authorities in the United States and Asia to further ensure the safety of our customers and employees."

Chicago health officials said they are not advising travelers to change their behavior at this point, nor are they advising airport employees or vendors to take any protective measures.

"There should be no panic. People should not panic. We are really looking at a discrete population," said Dr. Sharon Welbel, Cook County Health Department.

At Elmhurst Hospital doctors focused on travel history to determine if the patients are at risk.

"Anyone that has a respiratory illness, we do ask if they have traveled recently," said Dr. Angela McCormick. "Specifically, in the last two weeks, if they have been to China."

Elmhurst Hospital said they have not seen the specific strain of the coronavirus that has been spreading through China, but since December they three patients have tested positive for an unknown strain.

"We are only seeing 2 percent come back positive for the coronavirus, but this is an unnamed strain, on the one from China," McCormick said.

Late last week, U.S. health officials began screening passengers from central China at New York, Los Angeles and San Francisco airports. Officials around the world have implemented similar airport screenings in hopes of containing the virus during the busy Lunar New Year travel season.

Tuesday, the CDC announced that Atlanta and Chicago O'Hare airports would also begin screening travelers. The CDC said these airports see the highest volume of passengers coming from the Wuhan area to the US. According to the CDC, approximately 1,200 passengers have been screened for signs of illness since Friday. No passengers have been sent to the hospital as a result of these screenings.



[O'Hare Airport begins screening passengers from China for coronavirus](#)

January 22, 2020 – ABC 7 Chicago

O'Hare International Airport will begin screening this week for the deadly coronavirus that has sickened hundreds and killed nine people in China, the Centers for Disease Control and Prevention said Tuesday.

The new virus is only the seventh identified coronavirus that can infect humans. According to the Centers for Disease Control and Prevention, symptoms of common coronaviruses include runny nose, headache, cough, sore throat and fever. However, more severe coronaviruses can cause illnesses like severe acute respiratory syndrome (SARS) or Middle East respiratory syndrome (MERS).

The CDC confirmed Tuesday that the first domestic case of the coronavirus has been detected in a patient in Washington State who had recently traveled to China.

Coronaviruses are a large family of illnesses that cause a variety of upper respiratory infections. Doctors say the virus can mimic the flu.

Hospitals across Chicago are screening patients with flu-like symptoms for the virus. At O'Hare they are also screening international travelers for symptoms.

"Any traveler who screens positive for potential illness would not pass through the general airport population," said Dr. Allison Ardaway, Chicago Department of Public Health.

Passengers arriving at O'Hare have been vigilant about the virus, some avoiding Chinese airports of concern.

"I just canceled that flight, and I changed it to another flight, like come from Shanghai," said Guy Xie, traveler.

Screening is also taking place as passengers leave China.

A passenger arriving on a United flight from Shanghai said a doctor had to treat two passengers on his United flight who were ill.

"I came out and asked the doctor whether this was one of those cases and he said 'I do not know. We are checking,'" said the passenger, who asked to remain anonymous.

United Airlines released a statement, saying, "The safety of our customers and employees is our top priority. Health officials met United flight 836 upon its arrival at Chicago O'Hare earlier today and met and released two passengers. We continue to follow CDC guidelines and remain in close contact with authorities in the United States and Asia to further ensure the safety of our customers and employees."

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"We are only seeing 2 percent come back positive for the coronavirus, but this is an unnamed strain, on the one from China," McCormick said.

More than a dozen health care workers in China contracted the virus after treating an infected patient. The number of cases has now risen to 440 and the death toll has risen to nine.

Deputy Director of the National Health Commission Li Bin told reporters on Wednesday that the figures were current as of midnight Tuesday and all the deaths had been in Hubei province, where the first illnesses from the new coronavirus were reported in December.

Scientists recently announced the virus spreads from human to human, not just animals as first believed. U.S. officials are working to detect and stop the spread of the coronavirus, and doctors are urging everyone to do their part. To prevent transmission, hands should be washed frequently and patients should wear a mask.

Late last week, U.S. health officials began screening passengers from central China at New York, Los Angeles and San Francisco airports. Officials around the world have implemented similar airport screenings in hopes of containing the virus during the busy Lunar New Year travel season.

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Chicago Tribune

[O'Hare to begin screening passengers from Wuhan, China, as deadly coronavirus reaches US](#)

January 22, 2020 – *Chicago Tribune*

O'Hare International Airport will begin screening travelers from Wuhan, China, for symptoms of a new respiratory virus as health officials said a man in Washington state is infected with the coronavirus, the first confirmed case of the illness in the United States.

As of Wednesday, the virus has killed at least 17 and infected more than 500 people in China. The U.S. is the fifth country to report seeing the illness, following China, Thailand, Japan and South Korea.

The Centers for Disease Control and Prevention began screening passengers traveling from Wuhan to San Francisco International Airport, Los Angeles International Airport and New York's John F. Kennedy International Airport last week.

Airport screening is being expanded to O'Hare and Hartsfield-Jackson Atlanta International Airport this week, and travelers from Wuhan to the U.S. are being routed to the five airports that are conducting screening, CDC officials said Tuesday.

Health authorities in China said the new coronavirus first appeared late last month. Initially, many patients had some link to a seafood and animal market in Wuhan, suggesting that the virus spread from animals to people.

A growing number of patients have not been exposed to animal markets, indicating the virus can also spread from person to person, the CDC said Tuesday. That "certainly raises our level of concern," said Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases.

But it's not clear how easily it spreads from person to person, and officials continue to believe the risk to the American public is low, she said.

Though no cases of the virus had been confirmed in Illinois as of Tuesday afternoon, a spokeswoman for the Illinois Department of Public Health said the department is working with the CDC, the Chicago Department of Public Health and other local health departments to monitor for cases.

The state health department is advising health care providers across Illinois to ask all patients with a fever or respiratory symptoms whether they've traveled to Wuhan or been in contact with someone diagnosed with the virus, and to isolate those who may have the illness. The department is coordinating the collection of specimens to be sent to the CDC for testing.

The Chicago Department of Public Health, Department of Aviation and Chicago Fire Department are working with the CDC and other agencies on the airport screening program, which is expected to begin this week, the health department said in a news release Tuesday.

The CDC is advising airports to look for sick travelers arriving from Wuhan who have a fever, cough or difficulty breathing, the city's health department said. If a passenger is found to be ill during a flight, airports are

advised to take the passenger's temperature, look for other symptoms and ask whether they were in Wuhan in the past two weeks.

"This action will impact a very limited group of travelers, and the broader traveling public and airport employees are not at risk. Nevertheless, we will continue to take this seriously, as well as continue working with our partners to ensure the airport community is fully informed," Aviation Department Commissioner Jamie Rhee said in a news release.

Airlines and area hospitals said they are staying in touch with federal, state and local authorities regarding the virus.

Health care workers at Amita Health Resurrection Medical Center Chicago, which is about 6 miles from O'Hare, already ask emergency room patients displaying symptoms if they've traveled out of the country, and, if necessary, they isolate those who have and are at risk of specific illnesses in those areas, spokesman Tim Nelson said in an email.

Cook County Health, which runs Stroger and Provident hospitals, will start screening for coronavirus as soon as possible, likely within the next day or so, said Dr. Sharon Welbel, the system's director of infection control and hospital epidemiology.

If patients have traveled to Wuhan recently and have certain symptoms, they'll be isolated and a specimen will be collected for testing. The system posed a similar question about travel to incoming patients during the Ebola outbreak several years ago.

"We need to prepare in case it is spread very efficiently, in case there are a lot of deaths from it, but we just don't know yet," Welbel said. "We do want to be prepared and not caught off guard."

The illness doesn't appear to spread as easily from person to person or be as severe as coronaviruses like SARS and Middle East respiratory syndrome based on initial reports, said Michael G. Ison, an infectious disease specialist at Northwestern Medicine.

Cases have so far involved people who were in Wuhan or in direct contact with someone in the region, suggesting that Chicagoans who haven't traveled to the region or been in touch with someone who just returned shouldn't be concerned, he said.

Still, the virus is new and there are many unanswered questions, such as what animal was the source of the virus, experts said. Identifying the source will help authorities figure out how to contain the virus, said Mary Rodgers, the head of Abbott's global viral surveillance program.

The Washington state man diagnosed with the virus returned to the Seattle area in the middle of last week after traveling to the Wuhan area. The man is in his 30s and is in good condition at a hospital in Everett, outside Seattle. He did not visit the markets or know anyone who had been ill, officials said.

The CDC is advising travelers to Wuhan to avoid animals, animal markets and contact with people who are sick.

People who traveled to Wuhan and have a fever, cough or difficulty breathing should stay home except to seek medical care and call ahead to notify doctors of their symptoms and recent travel, according to the CDC.

Officials around the world have implemented similar airport screenings in hopes of containing the virus during the busy Lunar New Year travel season.

Airport screening is good at spotting people who are experiencing symptoms, Northwestern Medicine's Ison said. But people infected with similar viruses can be contagious for five to seven days before they begin noticing symptoms, which means travelers could slip through the cracks.

Broader screening is "definitely not warranted, and it would cost a fortune to keep everyone contained until the tests came back," he said.



[Chicago's O'Hare To Begin Testing Travelers From China For Coronavirus](#)

January 21, 2020 – CBS 2 Chicago

The coronavirus is claiming more lives in China – with nine people now dead and 440 infected.

Meanwhile, the first U.S. case was found in Seattle. In Chicago, O'Hare International Airport has joined four other U.S. airports that are screening travelers arriving from China.

The goal is to stop a possible outbreak in Chicago.

The enhanced medical screening will take place at O'Hare starting this week, with the Chinese New Year just days away and travel to and from China expected to increase.

Federal health inspectors will be stationed at the International Terminal as travelers come in from Wuhan, China – where it is believed the this strain of coronavirus originated.

Travelers coming into the United States will be funneled into the five airports. In addition to O'Hare are airports in New York, Los Angeles, San Francisco and Atlanta.

CBS 2's Jim Williams reported only one flight flew into O'Hare Tuesday afternoon from China, from Shanghai, more than 400 miles from Wuhan.

On Thursday, authorities said a man in Washington state was recovering from the pneumonia-like illness after visiting the Wuhan area. He was reported in good condition.

The man who was infected in Washington state arrived back in the U.S. on Jan. 15.

The new coronavirus strain never before seen in people.

"There's a lot to learn about this novel virus, which was just identified a few weeks ago," said Dr. Sharon Welbel, the infectious disease director for Cook County Health. "I do think that we're prepared I think the fact that there was communication, it seems, early on."

Authorities believe the virus might have started at a food market in Wuhan.

Symptoms include fever, cough, and trouble breathing. But in extreme situations, coronavirus can cause kidney failure, pneumonia, and even death.

"First of all, we'll be overly cautious," Welbel said.

Meanwhile, Yvonne Yen owns Oceania Tours, a travel agency in Chinatown – and expects her business to be affected.

“We may have some cancellations,” Yen said. “I don’t want that to happen again.”

The SARS virus in 2002-2003 nearly tanked her business. Right now, she said it is too early to tell what impact coronavirus will have

“We needed two to three years to recover our business,” Yen said.

There is no vaccine for the coronavirus, and there is a concern on the part of health officials that symptoms might not display until days after traveling through the airport medical checkpoints.

Other Media Stories



[How States and Counties Can Help Individuals With Opioid Use Disorder Re-Enter Communities](#)

April 23, 2020 – *Pew Charitable Trusts*

Overview

At least 95 percent of individuals in state prisons will eventually return to communities. In fact, in a typical year more than half a million people do so, with many more coming from jails. A disproportionate share of these individuals have one or more chronic illnesses, including more than half who met the criteria for a non-alcohol and nicotine-related substance use disorder (SUD) from 2007 to 2009, according to the latest available data. The percentages are likely substantially higher now, however, because of what the Centers for Disease Control and Prevention has described as the current opioid epidemic.

The prospect for a successful re-entry by these individuals is strongly affected by their ability to access health care services post-release, particularly treatment for their SUD.¹ The ability to access care is critical, as the time immediately following release can be particularly dangerous for overdose. Individuals who have been relatively or completely opioid-free behind bars have a reduced tolerance to the drug, and therefore are at high risk of overdose if they resume use at their previous levels.

Policymakers should take the following steps to maximize the chance of successful re-entry for people with SUDs leaving jails and prisons:

Appropriate sufficient funds for jails and prisons to provide the gold standard of evidence-based care for opioid use disorder (OUD): one of three medications approved by the Food and Drug Administration (FDA)—methadone, buprenorphine, or naltrexone—combined with counseling as necessary. (A companion report from The Pew Charitable Trusts, “Opioid Use Disorder Treatment in Jails and Prisons,” addresses this subject at length.)

Implement policies that enable people eligible for Medicaid to be enrolled at the time of release.

Appropriate funds for sufficient jail and prison re-entry staff to ensure that people leaving these facilities will have participated in discharge planning, which should include a needs assessment, connection to care, and self-management training. Such re-entry planning is beneficial whether or not an individual received treatment for OUD while incarcerated.²

Prioritize the funding and development of a statewide data infrastructure that would facilitate the exchange of health information across multiple settings, including between correctional programs, community-based health care, and community-based social services.

Although some re-entry processes are better suited to the longer sentences and more predictable release dates that characterize a prison stay, jail re-entry counselors should begin working with individuals who are incarcerated upon entry and take advantage of their proximity to and knowledge of the resources in the community to which that person will return, often in a short time frame.

Defining jails and prisons

Jails are typically city- or county-run correctional facilities that house individuals serving sentences generally less than a year long, as well as persons awaiting trial.

Prisons are state- or federally run correctional facilities that house individuals convicted of crimes for which they typically are serving sentences of a year or longer.

Why connecting released individuals to community care matters

Correctional health care systems and outside communities share a strong interest in facilitating access to community care for individuals at the time of their release. Both systems are motivated by the public health implications of conditions prevalent among the criminal justice population, and also the likelihood that poorly managed chronic diseases will result in avoidable and costly emergency room visits and hospitalizations post-release.³ For the many individuals with an OUD leaving a correctional setting, a successful connection to treatment can make the difference between life and death.

Key differences between jails and prisons

Jails differ from prisons in many ways, with implications for what is feasible for both treatment behind bars and re-entry planning. For example, each week in 2017, more than half (54 percent) of the nation's jail population turned over. Many people are released with very little notice—to themselves, their families, or the jail—because of court rulings or other reasons. In contrast, individuals in prisons generally have sentences of at least one year and release dates that are known well in advance.⁴ In addition, when people leave state prisons, which are often in remote locations, they tend to fan out across a state, while individuals leaving jails usually return to close-by communities, enabling jail re-entry planners to become familiar with their community resources. At least four major components can facilitate access to care for individuals about to return to the community:

Ongoing, consistent, and widely accepted funding for ongoing care, usually via health insurance;

Comprehensive, person-specific discharge planning within the jail or prison;

A robust statewide data infrastructure capable of coordinating and exchanging information across criminal justice, community health systems, and health insurers; and

Physically accessible and high-quality treatment providers who are knowledgeable about and sensitive to the language, culture, and beliefs of the patient.

Health insurance coverage

The federal government and others have strongly urged states and localities to incorporate Medicaid enrollment into their correctional discharge planning efforts. The Centers for Medicare & Medicaid Services (CMS) encourages “correctional institutions and other state, local, or tribal agencies to take an active role in preparing individuals who are incarcerated for release by assisting or facilitating the application process prior to release.”⁵

The Affordable Care Act of 2010 created an opportunity for states to broaden their Medicaid eligibility criteria so that for the first time, nearly all people who are imprisoned would be eligible for the program upon release. As of October 2019, 36 states and the District of Columbia have opted to expand (Idaho, Nebraska, and Utah have not yet implemented expansion), but in the remaining states, few people exiting jail or prison qualify for their state's Medicaid program, and instead generally return to their community uninsured.⁶

Beyond setting the threshold for Medicaid eligibility, states can take steps to ensure that people leaving prison and jail are enrolled in Medicaid.

Suspending or limiting coverage for those entering incarceration as Medicaid enrollees

CMS encourages states not to terminate coverage for enrollees during their time in correctional facilities, but rather to suspend it until release.⁷ Suspension can help Medicaid coverage to resume promptly or even immediately upon re-entry to the community, and save the department of corrections (DOC) from helping individuals generate a new application prior to release (and the Medicaid agency from having to process it).

A policy to suspend rather than terminate Medicaid upon incarceration is especially important for brief jail stays. For example, jails in Texas do not suspend enrollment until the person has been incarcerated for at least 30 days, resulting in a far smaller number of change-of-status reports to the state's Medicaid agency.⁸

Application processes

The Cook County, Illinois, (Chicago) and Philadelphia jails address the unpredictability of release from their facilities by starting a Medicaid application when someone enters jail, per Substance Abuse and Mental Health Services Administration guidelines. They state that “planning for re-entry should begin at jail booking,” while explaining that “periodic screening and assessment should take place over time to ... inform re-entry services.”⁹

States set rules about the necessary application documents—such as a driver's license or a birth certificate, as well as proof of income—for Medicaid enrollment, which can pose a barrier to individuals who are incarcerated, as they often do not have access to commonly used official sources of identification. Some states take advantage of federal rules allowing alternative documentation, such as a state-issued prison identification instead of a physical form of ID.

States also can allow jails and prison facilities to make use of presumptive eligibility, a policy allowing an individual to be temporarily enrolled in Medicaid based on key information, and prior to an official determination of eligibility. For example, in Connecticut, applicants unexpectedly released from facilities complete a shortened Medicaid application and receive a voucher, which allows them to fill a prescription while their full application is being reviewed.¹⁰ Presumptive eligibility can be a useful tool for expediting post-release coverage, particularly to pay for services during the dangerous first few weeks after release.

Alternatives to Medicaid coverage

In states that have not expanded Medicaid eligibility, individuals exiting jail or prison generally return to communities uninsured. However, there are some health care providers to whom re-entry counselors can connect individuals, regardless of insurance status. Each state has a lead agency that contracts with providers who offer treatment, to serve people who have an SUD and/or a mental illness. While such programs address a crucial treatment gap, they do not treat other health concerns, such as hepatitis C, HIV, or diabetes.

Another valuable option re-entry counselors can call upon for military veterans in the criminal justice system is the Veterans Health Administration (VA), which operates 1,255 facilities across the country.¹¹ While VA services are open to all veterans, they are particularly useful to those not eligible for their state's Medicaid program. The VA's Veterans Justice Outreach framework provides dedicated clinicians who interface with jails and prisons to identify veterans who are incarcerated, assist with resource access, and coordinate care, including re-entry.¹²

Prison discharge planning

An assessment of promising release planning practices indicates that trained re-entry counselors should work to develop an individualized re-entry plan that includes:

an assessment of the person's ongoing medical needs;

a mapping, or care plan, of how the person will be able to address those needs; confirmation of specific follow-up appointments (with appropriate transportation arrangements also confirmed), with at least a primary care clinician and a provider who can prescribe one of the three FDA-approved medications; transfer of the individual's medical and prescription records to a primary care clinician; jail or prison issuance of naloxone, as appropriate, a medication approved by FDA to treat opioid overdoses; and self-management training to help the outgoing individual manage, oversee, and advocate for his/her own chronic health conditions.

While jail administrators rarely have the luxury of several months' notice in which to develop a re-entry plan and often don't know when a release will occur because of court rulings, the shorter lengths of stay that characterize jail confinements should also be less disruptive to any community supports and care arrangements in place upon entering. Jail administrators should concentrate on helping individuals keep insurance, prescribed medications, housing, and employment, and begin helping all others to obtain them as early as admission.

Promising discharge planning models

In early 2018, the New Jersey DOC launched a state-funded peer-navigator program to help support individuals with an SUD about to be released from its prisons. People who are incarcerated are referred by a prison-based medical provider to the Intensive Recovery Treatment Support (IRTS) program of Rutgers University Behavioral Health Care (Rutgers University Correctional Health Care is the overall health care provider for NJ DOC), or may apply to the program themselves. Six months prior to release from prison, program participants are paired with a peer who works with them to develop a plan that includes SUD treatment, employment, housing, and other re-entry components. The pair continues to work together for 12 months post-release, with the peer accompanying the client to appointments and providing other recovery support. New Jersey's three teams each have 10 peers (with a caseload capacity of 20 clients each), two counselors who help participants adjust to daily life and expectations in the community, a nurse, a supervisor, and a part-time OUD medication prescriber. Three additional peers have recently been added to meet with individuals who are newly incarcerated at orientation to discuss the DOC's on-site OUD treatment program, which makes all three approved medications available. To qualify for the job, peers must have been in recovery from SUDs for at least five years and must be five years out of jail or prison, including parole. Rutgers has made arrangements for an outside evaluation of the IRTS program.¹³

In August 2019, the Massachusetts Executive Office of Health and Human Services launched a demonstration program through MassHealth, Massachusetts' Medicaid program, that offers intensive re-entry services for some individuals exiting jails in Middlesex and Worcester counties, a state prison releasing people into those counties, and people currently on parole or probation in those counties.¹⁴ Eligible individuals must have a serious behavioral health disorder, an SUD, or co-occurring diseases. The participating justice entities are responsible for identifying and referring individuals to two nonprofit behavioral health providers. Staff from those organizations conduct in-person visits with referred individuals at correctional facilities or meet them at probation and parole offices. The organizations are charged with providing intensive support to this high-needs population, including connecting participants to appointments with medical and behavioral health providers, accessing social services and benefits, and obtaining stable housing after release. The program—which is currently funded with state dollars and no matching federal funding—began in the two jails, with the goal to expand statewide in 2021.

Using Medicaid MCOs in discharge planning

States that use Medicaid managed care organizations (MCOs) to deliver benefits and additional services to enrollees (and most do) should actively include MCOs in the discharge process.¹⁵ The Ohio Department of

Rehabilitation and Correction (ODRC) partners with the state’s Medicaid agency to initiate enrollment for those about to be released from prison and facilitates an individual’s selection of an MCO. The MCO must provide various care management services to all enrollees with “high acuity of needs,” which includes people with an SUD and a second chronic condition.¹⁶ The medical histories of individuals in the ODRC who meet these criteria are shared with staff from the selected MCO who use the data to develop pre-release transition plans, contact (via phone or video conference) the person about to be released to review and refine them, and follow up with the individual within five days of release.¹⁷ Louisiana Medicaid launched a similar re-entry program in January 2017 for people with severe or moderate SUD, serious mental illness, cancer, HIV, or disabilities.¹⁸

Complementing Ohio Medicaid’s set of covered services, Ohio’s Department of Mental Health and Addiction Services since 2016 has offered a specialized re-entry program, the Community Transition Program, for people who identified as having a history of substance use and who participated in substance use-related programming while incarcerated. This program is offered statewide through the network of alcohol, drug addiction, and mental health services boards and provides recovery services, including pre-release contact by a care coordinator from the person’s selected MCO, a scheduled post-release appointment with a community-based behavioral health provider, peer recovery services, housing subsidy and support, employment support, transportation assistance, ongoing relapse prevention, and care management services. It also provides access to funds to secure critical state and federal identification including birth certificates and Social Security cards.

The Kentucky Department of Medicaid Services has also implemented a pilot re-entry effort specifically targeting people with SUD or mental illness returning from prison. MCOs under contract with the state’s Medicaid program collaborate with the Kentucky DOC, Medicaid, and community-based behavioral health providers to identify re-entering individuals who have been assigned to MCOs prior to release and provide care coordination and referrals to community-based behavioral health services.¹⁹

The role of a robust statewide data system

Many people incarcerated in jails and prisons are low-income and have chronic illnesses, including SUDs, and interact with a multitude of county, state, federal, and nongovernmental agencies during their lifetimes. For both historical and confidentiality reasons, these agencies all tend to have stand-alone data systems unable to exchange information in a user-friendly and confidential manner; however, such a system may be the most important factor in achieving the goal of seamless re-entry. For example, when a released person’s recent medical history is not conveyed to his or her MCO and community-based providers, the person will be forced to repeat the screenings, tests, and assessments that were likely already done to determine the diagnosis and treatment plan. In addition, counties and states cannot determine the effectiveness of health care re-entry processes for people with OUD if MCOs and Medicaid administrators are unable to identify new enrollees who came from the criminal justice system.

Although neither jails nor prisons can launch a statewide data system on their own, officials can advocate for the establishment of one and point to the benefits it would bring to the people who enter the criminal justice system and the agencies from which they often receive services. In the meantime, jails and prisons can establish a process for securely transmitting a person’s important health information and medications to follow-on providers and insurers.

Treatment

Synergies between community providers and jail/prison health providers

One approach to facilitating continuity of care is to use a community-based provider—such as a public health department or a health care provider that serves a high proportion of publicly insured and uninsured

patients—as the entity that provides care within the prisons and jails. This arrangement offers significant advantages because individuals in jails usually obtain their community-based health care from such providers, so efficiencies can occur through a shared medical record, similar sets of preferred pharmaceuticals, or the use of the same clinicians across sites.

Examples of jails that use their cities' safety net health care providers include the Cook County, Illinois, jail (Cook County Health); the Dallas County, Texas, jail (Parkland Health and Hospital System); Denver city and county jails (Denver Health); and the jail on Rikers Island in New York City (New York City Health and Hospitals Corporation). The Los Angeles County Department of Health Services and Multnomah County's (Portland, Oregon) health department do the same for their county jails. But jails don't have to be big-city facilities to utilize this type of arrangement; one of the earliest examples was in Hampden County, Massachusetts (Springfield), which contracted its in-jail health care from nearby Baystate Brightwood community health center. The center's clinicians already cared for many of the individuals who cycled through the county jail.

DOCs in Rhode Island and Delaware contract for part or all of their prison health care with the state's largest SUD care provider. Rhode Island found that exiting individuals' mortality rate from drug overdose dropped by 60.5 percent after it introduced the use of all three FDA-approved medications inside its prisons. It is likely that Rhode Island's contract with a provider that straddled the prison/community divide contributed to achieving that significant reduction in overdose mortality, since one of the most vexing challenges of re-entry planning is identifying an available, convenient treatment provider able to seamlessly continue treatment started during incarceration.²⁰

Dedicated providers for those exiting jail or prison

Arizona's Medicaid agency has addressed incarceration-specific health and re-entry needs by establishing 12 health care clinics in probation/parole offices around the state that offer integrated physical and behavioral care, including all three types of medications, screening for employment, housing, and food assistance.²¹ The rationale for co-locating health care services in probation/parole offices is that keeping a scheduled medical appointment is more convenient for a person at a place he or she is already obliged to visit. Arizona Medicaid also requires each contracted MCO to designate a justice liaison who coordinates all matters pertaining to enrollees who were recently incarcerated.

Transitions Clinics are an emerging set of private not-for-profit health care providers established specifically to address the many health and other challenges faced by individuals newly returning to urban locations. These clinics are a national network of medical homes for individuals with chronic diseases who have been recently released from incarceration. They are founded on the idea that the people closest to the problem are also closest to the solution, and clinics that adopt this model employ a community health worker with a history of incarceration as part of the clinical team.²² The network has 25 clinics in 11 states and Puerto Rico, located in the under-resourced communities to which released individuals tend to return.

Enlisting the assistance of community supervision staff

In some states, health care has become an increasingly important element of parole and probation officers' portfolios. Officers are assigned specific caseloads of individuals, such as those with mental illness, or domestic violence or sex offenders. States might find it practical to assign certain officers to individuals with SUDs so that they can familiarize themselves with local providers, sober housing, and other supports that encourage adherence to treatment or that they should train all staff to become familiar with such services. Parole officers can also be tasked with assisting re-entry counselors based in prisons around the state to identify local practitioners and make appointments with them for specific people who are re-entering.

Missouri parole officers are responsible for urging individuals who received a naltrexone injection before exiting a state prison to obtain subsequent ones.²³ Louisiana uses parole officers to check that all issued prescriptions have been filled and medical appointments kept.²⁴ And Arizona has co-located a number of clinics in parole offices around the state to facilitate the keeping of appointments and to underscore the association between successful re-entry and management of chronic health conditions.

Conclusion

Correctional facilities and jurisdictions can help individuals with an SUD address challenges to a successful re-entry. To facilitate these efforts, policymakers can:

- appropriate budget dollars to help the criminal justice system offer evidence-based medication and counseling treatment for OUD from admission to release;
- fund re-entry counselors in the correctional institutions within their jurisdiction and require that funding be used to develop effective and comprehensive re-entry plans;
- ensure immediate Medicaid coverage upon leaving a jail or prison, or encourage jail and prison re-entry staff to consistently make a referral to a state-funded or VA's OUD treatment provider when appropriate; and
- fund the development of an integrated data system across jurisdictional and departmental boundaries.

While counties and states pursue these core activities, research needs to test which set of components is most effective to a successful re-entry for those with SUD.

CHICAGO SUN★TIMES

[Eating disorders at very young age more common than you think](#)

April 3, 2020 – *Chicago Sun-Times*

Ideally, parents must become their child's advocate to save the child's life.

Eric Dorsa says he can remember restricting his eating at age 9 or 10 as his way of coping with feeling like an outsider in his own family.

"I was a gay, queer child growing up in a very conservative and non-nurturing environment," said Dorsa, who's from San Antonio, Texas, and now lives in the West Loop.

"I had a very negative self-image," Dorsa said. "Fundamentally, I felt that I was not enough ... But I didn't have the luxury of language to explain it. So the byproduct of my shame, perfectionism and emotional sensitivity was to develop a temperament toward disordered eating."

"If I did eat, I would purge," he continued. "That was a non-negotiable rule. If I didn't do those behaviors, I felt I was going to die. I had no choice. I didn't know why I couldn't stop."

Dorsa's situation became so grave, he was hospitalized at age 12 with heart failure and was tube-fed. Finally, at age 18, after he had obtained health insurance, Dorsa found treatment and group support.

Dorsa, 31, has been symptom-free for nine years. He works as a comedian and a drag queen.

Dorsa and medical experts say, ideally, parents must become their child's advocate to save the child's life. Children can be genetically predisposed to hypersensitivity and rigid emotions, but an external force may push them to extremes.

As Dorsa said he learned, "Genetics loaded the gun. The environment pulled the trigger."

Parents require sympathy, too, said Dr. Sadhana Dharmapuri, interim chief of the John H. Stroger Jr. Hospital's Division of Adolescent and Young Adult Medicine at Cook County Health.

Cook County Health is one of only a few treatment centers that accept public aid eating disorder patients. Even people with health insurance may have trouble getting coverage for treatment that can cost tens of thousands of dollars each month.

"It can be an isolating disease, especially for families," Dharmapuri said. "Parents tell me they have no one to talk to. There's a lot of judgment around what they did or didn't do. It can take years for kids to get better. It can be emotionally challenging and devastating to families."

Social media may well make a proclivity worse, research shows. A national survey of 19- to 32-year-olds showed a “strong and consistent association between social media use and eating concerns.”

The association occurred whether the research measured the volume or frequency of a person’s social-media use, according to the study published in the *Journal of the Academy of Nutrition and Dietetics*.

Whether more young people are afflicted than in the past is difficult to determine because the Centers for Disease Control and Prevention has dropped eating disorders from its behavioral risk factor surveys. But other research shows 30 million, or 9 percent of Americans will suffer from an eating disorder in their lifetime, and people 15 to 24 with anorexia have 10 times the risk of dying compared with their same-age peers.

Dr. Joel Jahraus, chief medical officer for eating disorder and exercise addiction treatment center Monte Nido in Winfield, says men and boys account for 20 percent of eating disorder sufferers. A second location is tentatively planned for Naperville this spring.

Young people don’t realize that eating disorders cause their organs to shrink, their cholesterol levels to increase, and any obsessive-compulsive traits about food, weight and body image to intensify, Jahraus said.

That’s potentially deadly, since starving can cause the heart to lose up to 25 percent capacity of the left lower pumping chamber — the primary chamber that sends blood throughout the body, he said.

Parents should watch for signs of trouble if their child:

- Avoids or withdraws from friends, family and social activities.
- Refuses to eat meals with the family or in front of others.
- Wears baggy clothes to hide weight loss.
- Shows excessive anger, sadness or guilt or other behaviors that push people away.
- Starts fad or extreme diets or excessively weighs and/or measures food portions.
- Insists on doing excessive exercise.
- Makes frequent negative comments about his or her body shape or appearance.
- Compares his or her appearance in a negative way to others.

What should parents do?

It’s tricky because so many young people with eating disorders are highly intelligent and skilled in the traits that society often rewards: Maintaining emotional control, valuing productivity over relationships, and believing asking for help shows weakness, said Ellen Astrachan-Fletcher, regional clinical director for Eating Recovery Center in Chicago.

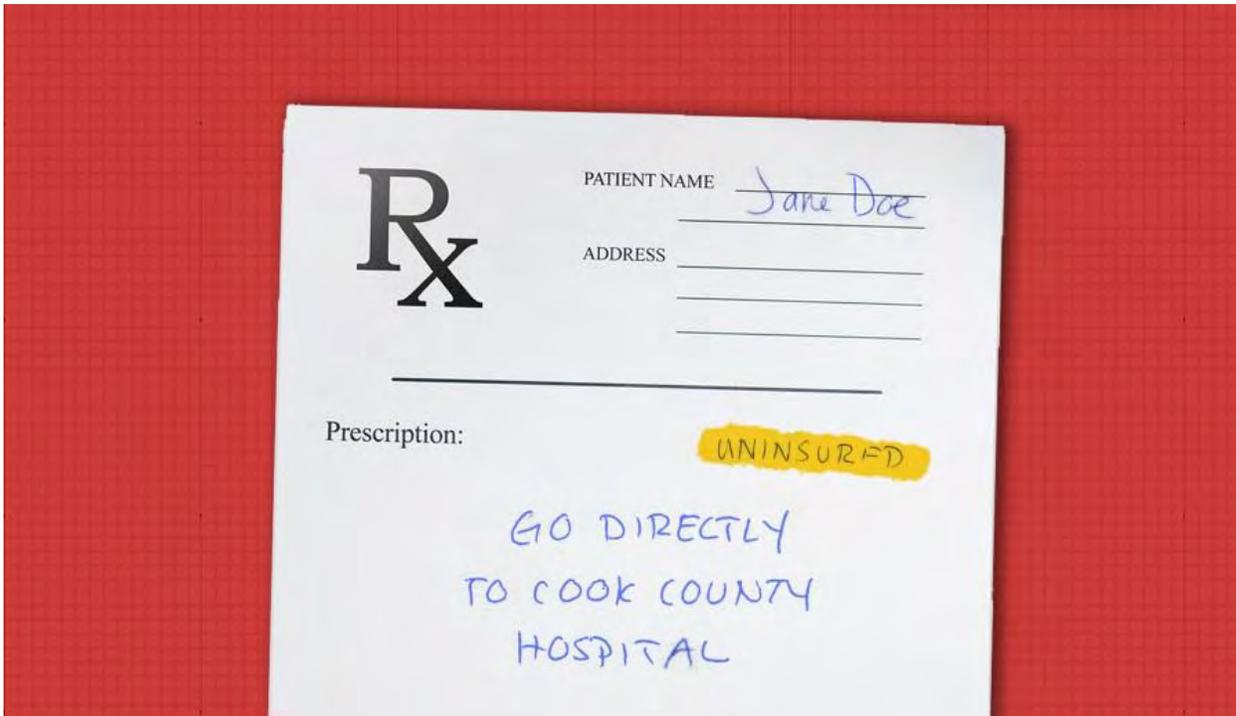
“They end up very alone,” she said. “Even if they have people who care about them, they keep so much to themselves. They believe, ‘If people really knew me, they wouldn’t really love me.’”

“No one should be dealing with this alone.”

Treating Uninsured Patients Is Wreaking Havoc On Cook County Finances

March 12, 2020 – WBEZ 91.5 Chicago

It's a double-whammy for taxpayers: The county's public health system suffers, while other hospitals enjoy big property tax breaks.



Uninsured? Your doctor might send you to Cook County's health system, which provides most of the so-called charity care in Cook County. Doctors have told WBEZ that patients sometimes show up with discharge papers or even printed Google maps with directions to John H. Stroger, Jr. Hospital.

When the stress from work gets to be too much and the stabbing migraines set in, Consuelo Vargas takes a day off.

This happens sometimes once a month, she said. Vargas is an emergency room nurse at the Cook County-run John H. Stroger, Jr. Hospital, which has the busiest ER in Illinois.

“Nurses are burnt out like never before,” said Vargas, who has worked at Stroger for nearly six years.

“Sometimes after you’ve worked 12 hours doing the job of two and three people, the next day you have nothing to give,” she told WBEZ recently. “And you’re not doing anybody a favor by coming in exhausted. That’s when you’re going to make a medication error. That’s when you’re going to make a charting error, and someone’s going to get hurt.”

Cook County government's public health system, known as Cook County Health, treats the most vulnerable people — patients who are already really sick with conditions like heart disease, high blood pressure or diabetes by the time they show up to see a doctor. It's historically been a destination for the uninsured and, increasingly, for people who can't afford the insurance they have.

Budget woes and staffing issues have plagued the health system before. But the rising demands of providing so-called uncompensated care — treatment Cook County Health provides that it does not get paid for — are wreaking havoc on the county government's finances. Those financial pressures not only threaten taxpayers' wallets, but also the quality of care at the health system.

Cook County Health has cut at least 750 vacant jobs, causing a staffing crunch that trickles down to patients. In the ER, there are sometimes not enough stretchers, Vargas said. Almost half of Stroger's ER nurses are on leave at any given time.

Just four years from now, Cook County officials expect to grapple with a \$308-million budget deficit — about two-thirds of that driven by the health system. In the past, smaller budget shortfalls drove county politicians to lay off workers, hike taxes or hunt for new ones, like the short-lived but much-reviled pop tax.

And the uncompensated care problem has only worsened: Cook County Health expects to provide about \$590 million of it this year — an 88% jump in the last six years. Charity care, or medical care that doctors typically provide to people who don't have insurance, is the biggest chunk of that tab, followed by uncollected bills.

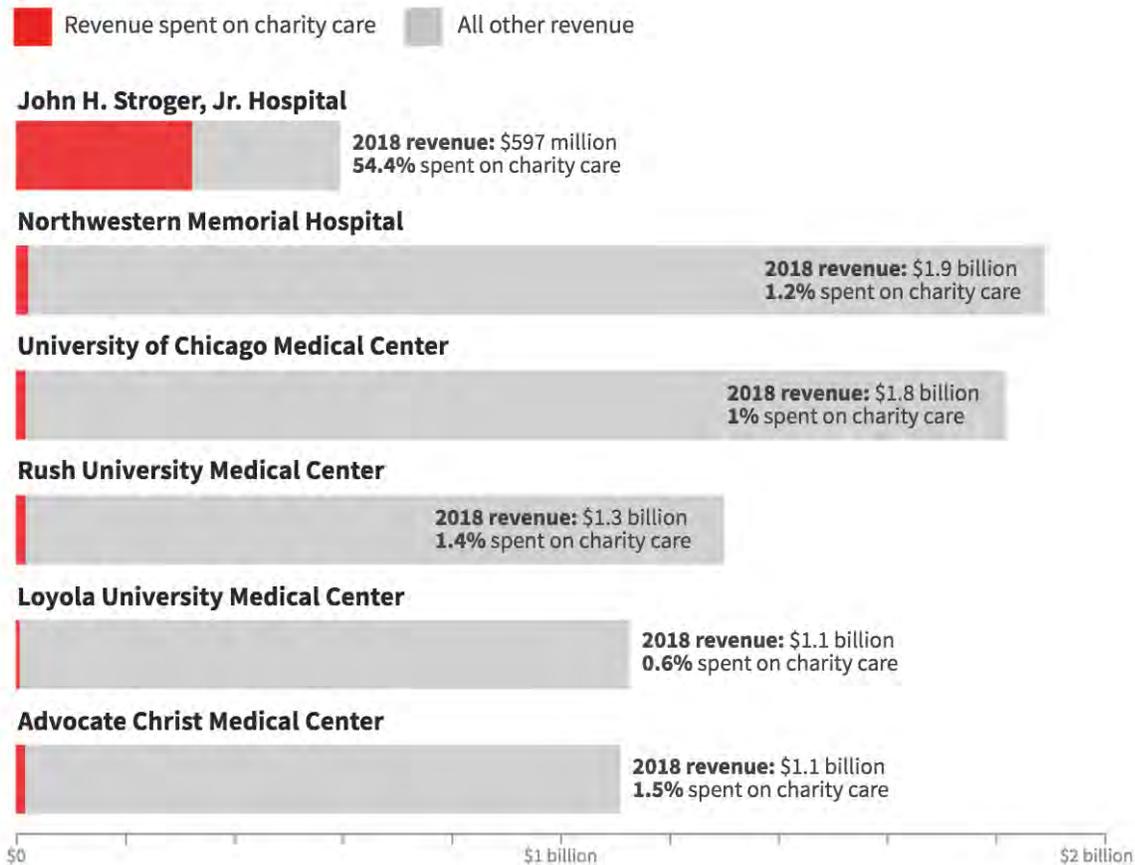
Meanwhile, the county's other nonprofit hospitals have been providing less charity care while enjoying massive property tax breaks. A new WBEZ analysis shows medical centers and their affiliates are getting at least an estimated \$390 million in tax relief each year, but it's likely that untold millions more are being diverted from public coffers. Government records are incomplete, and hospitals calculate their own tax breaks.

The president and CEO of the Illinois Health and Hospital Association, a powerful industry lobbying group, says hospitals earn those tax breaks. They conduct costly medical research and treat patients who otherwise would go to the county.

But county leaders are still looking for ways to pressure other hospitals to kick in more charity care — potentially by legal force.

In 2018, top earning hospitals spent less than 2% of their revenue on charity care

The wealthiest hospitals in Cook County each spent a fraction of their revenue on treating so-called charity care patients who typically don't have insurance.



“The public system can’t by itself provide charity care for the entire county,” said Democratic Cook County Board President Toni Preckwinkle.

She recently told WBEZ that potential legislation is in the works. It could impact the tax perk hospitals currently receive in exchange for providing certain benefits to their communities.

“We don’t want things like health fairs counted as meeting their requirement” to qualify for tax breaks, Preckwinkle said. “We want them to deliver service to actual human beings.”

Why every taxpayer should care about Cook County Health

Cook County Health is one of the largest public health systems in the nation, with at least a million patient visits a year. Besides Stroger on the Near West Side, it includes Provident Hospital on the South Side and a network of clinics. The health system is also in the insurance business, with a Medicaid plan that covers more than 300,000 low-income and disabled people.

But even if local residents don't find themselves in one of the county's emergency rooms or doctor's offices, the financial viability of Cook County Health is in everyone's interest, fiscal watchdogs say. The system makes up nearly half of the county's overall \$6.2 billion budget.

"From a taxpayer standpoint, an inefficiently run county health system requires more tax revenue from the citizens than an efficient one," said Laurence Msall, president of the Chicago-based Civic Federation.

The burden of uncompensated care and other fiscal pressures is already causing upheaval at Cook County Health.

The system has lost both its CEO and top financial officer in the last few months. Leaders have put big projects on hold. And the health system's own board lost some major decision-making power last month when county commissioners voted to give themselves more control over Cook County Health — a charge led by Preckwinkle.

Commissioner Larry Suffredin, an Evanston Democrat, said county leaders will now need another \$120 million or so to cover expenses tied to the rise in uncompensated care, like buying more supplies and hiring more staff.

"That's \$10 million a month and that adds up quickly," Suffredin said. "We're going to have to come up with ways to cover the expenditure of this money."

Cook County Health's interim leader, Debra Carey, warned commissioners in late February that there would likely be more cuts. Carey declined WBEZ's interview request.

The "disappointing" results of Illinois' charity care law

Hospitals tend to be economic hubs. They employ hundreds, even thousands of people. Some help homeless patients pay rent. They are paid far less for treating Medicaid recipients than those with private insurance.

In Illinois, there was a push more than a decade ago for nonprofit hospitals to treat more uninsured people in exchange for property tax exemptions. But even after a court battle, there was no clear definition of how much charity care hospitals actually needed to provide.

In 2012, Illinois legislators, the IHA lobbying group and others brokered a deal: Nonprofit hospitals would need to pick from a broad menu of "community benefits" that are worth at least as much as what their estimated property tax bills would be. The menu included things many already did: conducting medical research, treating Medicaid enrollees — or providing charity care.

And there was this: Hospitals would assess the value of their own properties, instead of having local government assessors watchdog the process.

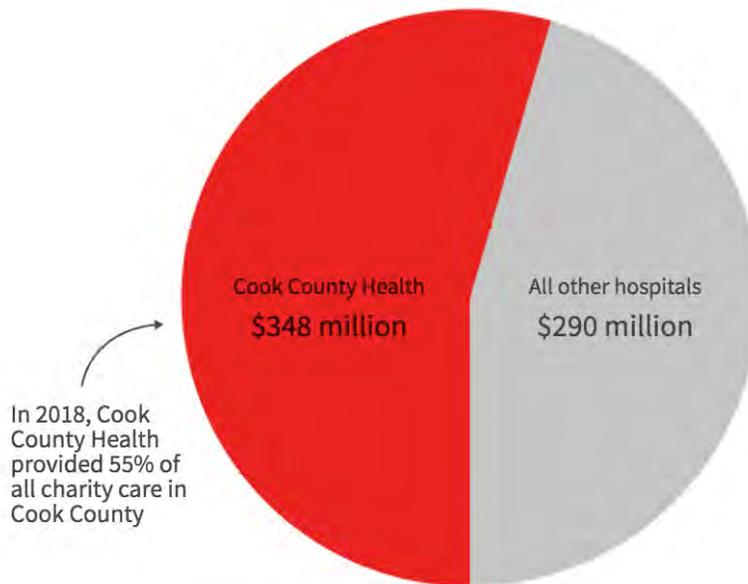
The new requirements were tucked into another must-pass bill. The day then-Gov. Pat Quinn signed it, he wrote a letter to state lawmakers: "It is my hope that together, [these measures] result in more charity care being provided to the uninsured in our state."

The opposite happened. Since 2012, Cook County Health has provided more charity care in the region while other hospitals provided less, according to a WBEZ analysis of state data.

In 2018, the county’s two hospitals provided about 55% of all the charity care in the county. The tab totaled about \$348 million — 15 times more than the next-highest provider, Northwestern Memorial Hospital, the richest medical center in the county at the time.

Cook County Health provided most of the county’s charity care in 2018

Providing so much charity care to people who typically don’t have insurance is causing big financial headaches for county government.



In 2018, Cook County Health provided 55% of all charity care in Cook County

Source: Illinois Department of Public Health

Credit: Paula Friedrich/WBEZ

“What has happened is predictable,” said John Colombo, a professor emeritus at the University of Illinois who has followed the charity care battle in the state. “When you have a law that sets a number, that number tends to become the ceiling. Not a floor, but a ceiling.”

In a recent interview, Quinn told WBEZ it’s “disappointing” that the majority of hospitals treat fewer uninsured patients. “I think a review is necessary right now to find out what exactly hospitals are doing,” he said.

IHA’s leader A.J. Wilhelmi said if hospitals have provided less charity care in their communities, they have expanded other services for patients.

“We don’t take our tax exemption lightly, but we certainly feel we earn that tax exemption based on the good work we do in our communities,” Wilhelmi said.

“They told me I had to come here”

It’s not entirely clear what’s funneling so many charity care patients to Cook County Health, but there are several factors besides the 2012 law.

After the Affordable Care Act passed in 2010, more people qualified for Medicaid, so some hospitals now treat more low-income people with insurance than those without. But small hospitals that predominantly treat Medicaid patients can't afford to take on more uninsured ones, so they might send them to the county.

Even if people do have insurance, many can't afford their high deductibles. And the state is chipping away at a backlog of Medicaid applications for current and new enrollees. Those people are still seeking care — they just might not be insured at the time.

County health officials also blame a phenomenon known as "patient dumping." That's when hospitals refer uninsured patients — some with serious, expensive health problems — to another hospital.

"Here are a couple of examples from last week," then-Cook County Health CEO Dr. Jay Shannon said during a fiery public speech in October.

He displayed two redacted discharge summaries from patients whom other hospitals had referred to Cook County Health. One patient was in the middle of cancer treatment.

Plan

1. Follow-up at Cook County Hospital
2. Repeat imaging of the liver to evaluate for resectability of liver metastasis
3. If the liver lesion is resectable patient will require 6 months of adjuvant chemotherapy
4. If unresectable, patient can receive palliative FOLFIRI or FOLFOX plus Avastin as patient is a good performance status.

"I want you to understand that these happen every day," Shannon said.

Despite the public pleas, Cook County Health says it doesn't track referrals made from other hospitals. A health system lawyer refused to provide WBEZ with the sort of discharge summaries Shannon displayed — even with patient info blacked out — saying such disclosures would be illegal.

But several doctors have told WBEZ that patients sometimes show up with discharge papers or even printed Google maps with directions to Stroger and to the health system's clinics.

"Why are you coming so far?" Vargas said she asks patients when they arrive in Stroger's ER from suburbs like Aurora, an hour's drive away. "Some of them are like, 'They told me I had to come here.'"

Advocate on tax breaks: "It's a quid pro quo"

Every dollar hospitals don't pay in property taxes is a dollar that has to come from somewhere else — namely, other residents and business owners. Experts say when other public and private hospitals provide less charity care, that puts pressure on county government — and taxpayers.

"From my perspective, it is an exchange. It is a quid pro quo," said Carrie Chapman, with the Legal Council for Health Justice, referring to the tax breaks hospitals receive for providing community benefits.

"It's critical to our health care safety net that nonprofit hospitals continue to provide exactly that. ... Actual charity care for folks who are uninsured and often uninsurable," she said.

Per the 2012 law, hospitals calculate their own community benefits and property values to justify their big tax breaks. But the law doesn't mandate outside audits. In fact, it's unclear what regular scrutiny — if any — state and local officials apply to ensure hospitals are actually earning their tax breaks.

Hospitals here initially apply for tax relief with the Cook County Board of Review. That property tax appeals body then makes its recommendation to a state agency, which has the final say. Hospitals then have to file affidavits each year with the County Assessor's office saying their property holdings haven't changed. If they do, hospitals would have to apply for a new exemption.

The IHA hospital lobbying group says the process is transparent. But WBEZ's investigation found there's no agency piecing all of this information together to estimate the total value of hospital tax breaks. The picture is incomplete.

WBEZ spent months working with government agencies and found these estimates total at least \$390 million. That's according to records hospitals submitted to the County Assessor's office for 2018, 2019 or 2020. The majority of the 68 hospitals in Cook County are nonprofit, but data was only available for about half of them. It's possible that some are not tax-exempt.

And hospitals that received tax exemptions before the 2012 law and haven't applied for a new one don't need to file documents that show what their estimated tax liability would be.

Take Rush University Medical Center on the Near West Side, which is part of a system that brought in \$2.6 billion in revenue last year. It hasn't filed documents detailing the estimated amount of its property tax breaks, and a spokesman wouldn't comment.

The filings also show how lucrative tax breaks can be for hospitals in pricey areas.

In tony Streeterville, Northwestern Memorial and an affiliated doctors group received around \$113 million in estimated tax breaks in 2018 and provided benefits to their communities worth nearly three times more.

In a statement, spokesman Christopher King said Northwestern Memorial provides more charity care than any other private hospital in Illinois, but declined to comment further.

Meanwhile, Norwegian American Hospital on the West Side received the smallest estimated tax break, totaling just over \$229,000 in 2018. The hospital provided far more in community benefits — \$28.5 million.

Wilhelmi, with the IHA, defended the formula hospitals use to estimate how much they would pay in taxes if they were on the rolls.

"They have experts in-house and they often bring in folks from the outside to make sure that that valuation is appropriately completed and submitted," Wilhelmi said, adding that the formula mirrors an industry standard and has been upheld by the Illinois Supreme Court.

Adrienne Bailey, manager of the Illinois Department of Revenue's property tax division, said hospitals sign off on the accuracy of documents the state uses to decide the fate of their tax exemptions.

"Without the statutory authority to do so, a county agency is unable to request all of the documents necessary to audit this process," Cook County Assessor spokesman Scott Smith said in a statement.

“They should be able to help us out with our patients”

While Preckwinkle mulls potential legislation to help buoy the county health system’s finances, she said she’s met with two health systems so far to see what they can do to help. She wouldn’t name them, nor would she describe how the conversations went, beyond “frank and cordial.”

She also hopes to arrange a meeting with Democratic Gov. JB Pritzker.

“The challenges our health care system faces will be on the agenda,” Preckwinkle said.

Meanwhile, another County Board Democrat questions whether hospitals are doing enough to earn their big tax breaks.

Commissioner Alma Anaya, who represents portions of the West Side, said there are too many loopholes in the tax exemption process. Her family uses the county health system for medical care.

“If we’re saving hospitals millions of dollars, specifically in property taxes, they should be able to help us out with our patients,” Anaya added.

County leaders, fiscal watchdogs and public health advocates ticked off a host of other ideas to chip away at the county’s throbbing financial headache.

Collaborate more with other hospitals. Launch a committee to dig deeper into what is really ailing the health system. Get more money out of the Cook County government budget.

Several commissioners on both sides of the political aisle said they wouldn’t even consider a tax hike to infuse more money into Cook County Health until they had a clearer picture of its finances.

For Dr. Linda Rae Murray, a public health advocate who worked at the county health system for about two decades, there’s a bigger goal in mind: “How can we build a system that can survive another 50 years?”

BECKER'S

Hospital CFO Report

[Uncompensated care 'wreaking havoc' on Cook County Health finances](#)

March 12, 2020 – *Becker's Hospital CFO Report*

Cook County Health expects to provide roughly \$590 million in uncompensated care this year, a reality that is "wreaking havoc" not only on the Chicago-based health system's finances, but on the county government's, according to NPR affiliate WBEZ.

Cook County Health treats some of the most vulnerable people in Illinois. Many of them are uninsured or underinsured. As a result, the health system has seen its uncompensated care costs skyrocket 88 percent in the last six years, with charity care representing the biggest part of that tab, followed by uncollected payments.

The financial strain has led Cook County Health to cut at least 750 vacant positions, a move that has created some staffing issues, according to WBEZ. The financial struggles have also trickled into the county government, which expects to face a \$308 million budget deficit in four years. About two-thirds of the deficit reflects the health system.

In the past few months, Cook County Health has lost its CEO and CFO, and suspended large projects. Interim Cook County Health CEO Debra Carey told county commissioners in late February more cuts could be coming, according to WBEZ. Ms. Carey declined the publication's request for an interview.



[Cook County Health To Participate In Federal Clinical Trial On Managing Airways In Emergencies](#)

March 2, 2020 – *Health News Illinois*

Cook County Health will join agencies from eight other cities in a federal clinical trial intended to improve the survival rates of those who have suffered trauma that affects their breathing.