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MAYOR LORI E. LIGHTFOOT

**Statement of Mayor Lori E. Lightfoot
City of Chicago**

before the

**U.S. House of Representatives Committee on Oversight and Government Reform
Select Subcommittee on the Coronavirus Crisis**

**“Building Vaccine Confidence: Our Shot at Curbing the Pandemic in Chicago and
Beyond”**

November 10, 2021

Chairman Clyburn, Ranking Member Scalise, and Members of the Subcommittee: Thank you for inviting me to today’s hearing regarding vaccine confidence, and I welcome you to Chicago. Thank you, Congressman Krishnamoorthi and Congressman Foster, for shining a spotlight on Chicago and our home state of Illinois. I applaud your work and the unwavering support that you’ve shown municipalities across Illinois. Though the journey is far from over, it is an honor to appear before you today to share the work we’ve accomplished. It would not have been possible without cooperation from all levels of government—including our state partners and Illinois Department of Public Health Director Dr. Ngozi O. Ezike.

From the moment the COVID-19 crisis hit Chicago, we were determined to listen to public health experts, follow the science, and address its effects equitably and inclusively. Thanks to this approach, we saw extremely strong rates of residents cooperating with public health orders and developed an equally strong, community-led, hyper-local response. We have been able to build vaccine confidence in our city because we started early working with local leaders across disciplines to build a robust, city-wide response.

Our approach started with our recognition that though all of Chicago was impacted by COVID-19, our Black and Brown communities bore the brunt. For example, in April 2020, we saw that despite making up 29 percent of Chicagoans, Black residents accounted for 75 percent of COVID-19-related deaths: 7 times the rate of any other demographic at that time. To address this glaring and unacceptable disparity, my team, alongside community partners, created the Racial Equity Rapid Response Team, or RERRT, which forged partnerships with trusted community messengers from across disciplines and utilized trusted locations to provide residents with information, testing, and eventually, vaccines. While this started with a focus on deaths in Black Chicago, we soon widened our aperture and worked to build the same kind of trusted relationships across Latinx Chicago.



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To bolster this data-driven, hyper-local approach, we launched initiatives like Protect Chicago Plus, in which we sought to vaccinate multiple generations within the same household simultaneously by going deep into those communities that were showing sustained rates of high case infections. Here again, we used the network that we had built for testing and education to make progress in our hardest hit zip codes.

We also created Protect Chicago At Home, which mobilized our paramedics and vaccinators to provide in-home vaccinations for homebound or disabled residents and has been available to all residents free of charge since June 28. To date, more than 15,000 people have been served through this program. As of the last four weeks, 54.6 percent of participants were Black and 18.2 percent were Latinx.

We created a 600 strong workforce of contact tracers and we specifically targeted the underemployed with an “earn as you learn” approach. This workforce has been essential as we were compelled to pivot several times over the arc of this pandemic. Not only have they been doing contact tracing, but they have also been deployed to be vaccine ambassadors in their communities, going door to door to help educate and myth bust, ad more recently, to sign folks up for the vaccine. Importantly, we knocked on 400,000 doors before there was a vaccine.

Recently, we also launched Protect Chicago 77, which engages individuals in our 77 communities to ensure at least 77 percent of residents aged 12 and up have received at least one dose of a COVID-19 vaccine by December 31st of this year. These efforts have helped to save countless lives—including Maria and Jesus, parents of Portage Park resident, Cesy. Cesy and her parents were desperate for a vaccine appointment when they met Brianna, who volunteered to book vaccine appointments for residents after losing her grandfather to COVID-19. 24 hours later, Cesy secured an appointment to protect her parents. Cesy’s story and countless others were made possible by the many volunteers, community leaders, and organizations who continue to pool their time, talents, and resources together to protect our most vulnerable communities and have allowed Chicago to retain its reputation as having the most equitable vaccine distribution strategy in the country.

We’ve also reached incredible milestones when it comes to vaccine effectiveness. 99.1 percent of fully vaccinated Chicagoans *have not* tested positive for COVID-19. 99.96 percent *have not* been hospitalized for COVID-19. And 99.995 percent *have not* died due to COVID-19.

As we further our mission to vaccinate as many residents as possible, flexible, sustained federal funding remains critical. While the federal funding has provided welcome support, we have seen this essential federal funding come with a lot of duplicative and



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burdensome bureaucratic strings. For example, the Chicago Department of Public Health has more than 30 grant awards just for COVID, which all separately require monthly reporting. One of them, the Epidemiology and Laboratory Capacity Grant, has 22 funding streams alone, which must each be separately budgeted, expensed, and reported and doesn't allow for expenditures on vaccine outreach or administration—limiting CPDH's ability to expand outreach and improve the efficiency of services like contact tracing.

I referenced our invaluable contract tracing workforce. Here too, bureaucracy has limited our ability to use that workforce more nimbly. For example, the funding for that group comes from three separate sources, each of which has its own budgeting and reporting requirements, and significant limitations on how each stream can be used. Compliance with all the nuances in each of the 30 different funding streams requires setting up a whole bureaucracy itself to address all of the administrative strings attached to the funding. It is impeding our execution of the Congressional intent which was to reach our most vulnerable populations quickly.

And while we are and will remain extraordinarily grateful for the federal funding, we urge Congress to consider easing some of the administrative burden that has accompanied this funding. Flexible funding would therefore alleviate large, administrative burdens for state and local public health departments and streamline our relief efforts for our communities.

I want to thank everyone in this room for their hard work over these past 20 months to bend the curve and save countless lives from being lost to this crisis. Your partnership got us to this point in our COVID-19 journey and I have no doubt that it will take us through to the end.

Thank you, and I look forward to answering any questions you may have.