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**Dr. Ngozi Ezike – Opening Statement**  
**President and CEO – Sinai Chicago**  
**House Select Subcommittee on Coronavirus Crisis**  
**Washington, DC**  
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Thank you, Chairman Clyburn and members of the Subcommittee. I am Dr. Ngozi Ezike and I'm honored to be here today to offer my perspectives on lessons learned over the course of the COVID-19 pandemic, including its particular impacts on health equity and safety net health systems.

Six months ago, I became President and CEO of Sinai Chicago, the largest private safety net health system in the State of Illinois. For more than 100 years, Sinai has cared for the most underserved communities in Chicago. We take care of everyone, regardless of who they are, where they come from, or their ability to pay. At Sinai, we believe living a healthy life is a right, not a privilege.

From 2019 through April of 2022, I was the Director of the Illinois Department of Public Health (IDPH). IDPH is intentional about engaging disproportionately at-risk communities to address health equity. We all know which communities these are – rural communities, communities of color- namely black and brown, and economically underresourced communities. These disproportionately at-risk communities are typically the same ones served by safety net hospitals.

COVID-19 laid bare the health disparities that have plagued communities of color in Chicago and across the nation for decades. Children and families in these communities bore a significantly heavier burden of the pandemic. These communities were already facing a disproportionate share of illness, poverty, hunger, and trauma. During the pandemic, thousands of hospitalizations and deaths in our communities of color were directly related to patients with underlying chronic conditions such as Type 2 diabetes, cardiovascular and heart disease, pulmonary conditions, and obesity.

We saw life expectancy go down for the first time in decades in large part due to the opioid crisis, and then the COVID pandemic worsened those impacts -- widening the life expectancy gap between white and Black and Brown communities.

As we look forward and try to assess the lessons learned from the pandemic, we know that we surely need to address our overall public health infrastructure in the United States. We need to build up and maintain the public health work force as a matter of course, and not just in response to pandemic and crisis states. Public health also needs support in the form of data modernization. We need more effective communication and education.

Public health, when done right, is inextricably tied to health equity and erasing health disparities. The public, our community, is only as healthy as our sickest individuals. And that rings even more true in the context of a highly contagious virus that evolved into more contagious forms with time and continued spread. Whether because of viruses, unclean water, uncontrolled chronic diseases, food deserts, or violence, we see certain segments of our population endure greater tolls of morbidity and mortality. Aggressive, intentional action is required. The pandemic highlighted that partnership and collaboration is essential if we are to strengthen our public health infrastructure so we can make health

equity a concrete, tangible action instead of just a catch phrase. To do this, it is essential to partner very intentionally with health institutions that focus on communities most at risk.

Prior to the pandemic, the public health system was often thought to be a stealth system flying under the radar. If we were doing everything well --preventing disease outbreaks, ensuring clean water and food, promoting healthy behaviors to reduce chronic illness – then people didn't really think about the public health system. The COVID 19 pandemic blew that perception up. Today, no one can minimize the impact of public health on their lives. Because of the pandemic, everyone knows what an essential worker is. Because of the pandemic, everyone viscerally understands the meaning of an underlying condition. So many people in our vulnerable populations have grieved losses related to these underlying conditions. We've learned important lessons on education and understanding of the power of vaccines, as well as the tragic impacts of misinformation and outright disinformation.

I was nearing the end of my first year as the Director of the Illinois Department of Public Health when the pandemic hit. Overnight, my primary role turned to leading the public health response to the pandemic in Illinois. Leading the state through the pandemic was both an honor and privilege and offered many opportunities to learn.

My IDPH team and I shared many long days and nights, reviewing large amounts of data and trying to find ways to display the information clearly and simply on outward facing public websites and other channels. We were working non-stop to shape our public health response, trying to educate people on how to prevent spread and later, on how, why, and where to get vaccinated.

Coming to Sinai confirmed what I had already seen, that safety net hospitals, already struggling with limited resources, were supremely challenged during even before the pandemic, and stretched to the limits since COVID became part of our lives. The caregivers at these hospitals were on the frontlines from the very beginning. They faced enormous numbers of people seeking care, a scope of service unprecedented in modern times. This increased the already high rates of uncompensated care provided, and further challenged many of these safety nets' financial stability, right at the very time they were needed the most.

The most important thing that came out of my experience during the pandemic was an even greater commitment to addressing the issues of health equity facing our city, our state, and our nation. This has been my life's work since I first became a doctor. But the critical importance of this work has never been more apparent.

My major takeaways from the last three years center on addressing health equity issues which were at the heart of so much of our response to COVID at the IDPH and at Sinai. I ask the Subcommittee to consider the following priorities in evaluating the COVID response and using it to prepare for ongoing elements of the pandemic, as well as for other emerging public health issues and crises.

**Communication, outreach, and education are critical components.** We learned the importance of developing a regular cadence of clear, concise, and accurate information shared across a multitude of channels. We learned the importance and clear benefit of communicating in multiple languages. In Illinois, daily press briefings were communicated in English and Spanish to ensure widespread dissemination of critical information. Printed materials were translated into many more languages. Both social and traditional media were obvious vehicles, but we also learned about distrust of some of these sources amongst our communities. At IDPH, we set to work identifying and utilizing trusted, local voices who could help educate and inform people. These included pediatricians, family doctors, community health centers, rural health

departments, even churches and synagogues. At Sinai, our groundbreaking work with community health workers became a true differentiator, connecting local residents with CHWs who could help them navigate the sea of information out there and engage with the health and social resources they needed to keep themselves and their families safe, or help them get healthy once infected.

Looking ahead, we know that education and prevention, particularly regarding vaccinations, are our best and first lines of defense against COVID and other diseases. In over 20 years as a physician, I've never treated a case of measles or polio, thanks to aggressive vaccination programs. We need a recommitment to public health communication and education, particularly regarding vaccine hesitancy in our communities of color, to fight COVID and other emergent diseases and keep those long thought defeated at bay. Identifying misinformation and coordinating a rapid response to mitigate and counter it before it creates and feeds public confusion, vaccine hesitancy and distrust is another clear priority.

**Addressing the infrastructure issues of equity and bringing down barriers tied to social determinants of health that put people at risk.** During the pandemic we found that communities with low vaccination rates were also communities dealing with structural deficiencies in equity and access. An example was retail pharmacies, which were a major source of COVID testing and vaccinations. But Black and Brown neighborhoods have fewer retail pharmacies, making it more difficult for those living there to access those resources and get the care they need. We need more investment in communities to address these needs.

We need to be looking at what impacts people's health – jobs, housing, available healthy food, neighborhood safety, and even transportation for getting to school, work or the doctor. We need creative ideas and innovative solutions from a variety of voices to ensure that everyone has access to quality care, no matter who they are or where they happen to live. It's important because limited financial resources within a community should not equal limited lifespans.

Another example, at Sinai we partnered with private and public entities as well as community leaders to make the first significant investment in decades in the North Lawndale neighborhood on Chicago's West Side. Our Ogden Commons project already features a brand new, state-of-the-art outpatient surgery center and urgent care center, and will also feature new affordable housing units, a sit-down restaurant and a bank which brings jobs, vitality and hope to a community that needs it.

**We also need government investment** in strengthening the healthcare workforce --through initiatives such as loan repayment, stipends, and scholarship programs --to incentivize physicians and nurses to work in under-resourced communities. We need to work together to find ways to allow staffing agency businesses to thrive without bankrupting anchor hospital institutions that play a critical role in the community.

Public health needs flexible funding for state, territorial and local health agencies. Emergencies are unpredictable and public health agencies need to be nimble enough to react and evolve. If contract tracing is not effective because of excessive number of cases, strategies and resources need to be quickly re-directed to more impactful approaches.

Finally, federal funding was critical to keeping hospitals running during the height of the pandemic, allowing safety nets and others to recoup millions in losses and keep their doors open to provide care when they were needed most. Like every health system across the nation, Sinai Chicago is currently seeing dramatic, unprecedented financial impact from COVID-19, including workforce shortages, increased costs for supplies and capital improvements. It has meant drastic changes to many parts of daily operations. Given inflationary pressures and the continued high costs for agency

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labor in the face of an ongoing national nursing shortage, hospitals across the country are facing significant ongoing financial challenges. Some safety net hospitals have been forced to close, which will only exacerbate the health disparities that we are working to curb.

There is a great deal of work required to support the safety net institutions in serving our most vulnerable populations. A path for long-term financial stability for safety nets is required to permit us to effectively deal with the aftermath of COVID and address the many trauma and mental health challenges of the communities we serve. Our collective goal needs to be creating healthier communities that are prepared to better weather the next emergency that awaits us.

Thank you for your enduring work to learn and uncover our strengths and opportunities related to our public health infrastructure and the care of the most vulnerable amongst us. I am grateful for your consideration of the thoughts and experiences of myself and my colleagues on the panel today. I look forward to your questions.