City of Chicago

Office of the City Clerk

Document Tracking Sheet

O2021-1214

Meeting Date: 3/24/2021

Sponsor(s): Sigcho-Lopez (25)

Type: Ordinance

Title: Establishment of mass public vaccination sites, Community Health Brigade networks, and Workplace Brigades directly operated and staffed by Chicago Department of Public Health

Committee(s) Assignment: Committee on Committees and Rules

AN ORDINANCE TO "TAKE THE VACCINE TO THE PEOPLE" BY ESTABLISHING EFFECTIVE, COMMUNITY VACCINATION SITES DIRECTLY OPERATED AND STAFFED BY THE CHICAGO DEPARTMENT OF PUBLIC HEALTH AND FOR OTHER PUBLIC HEALTH PURPOSES

WHEREAS, as of March 18, 2021 there have been 5,069 known deaths due to Covid19 in the city of Chicago; and,

WHEREAS, public health best practices (see appendix) dictate that during a pandemic rapid vaccination to achieve 90% herd immunity is imperative in the communities and workplaces where those most affected live and work, at locations that are easily accessible and walk up friendly; and,

WHEREAS, the Chicago Health Department vaccinated 301,463 people for polio in 1 day on May 18th, 1963-in the communities where the people lived at accessible well-known public sites, a U.S. record that still stands; and,

WHEREAS, All 3.5 Million Chicago residents on that day lived within 3 blocks of a vaccine station;

WHEREAS, over three decades, the City's public health infrastructure has been subjected to the most severe cuts, privatization and fragmentation of services of All major U.S. cities, including New York City and Los Angeles County, going from 2,000 Chicago Department of Public Health (CDPH) employees and 57 facilities in 1991 to 458 employees and 13 facilities in 2020, leaving Chicago completely unprepared for COVID-19 and,

WHEREAS a New York University 2019 peer review, journal published research study showed that Chicago had the greatest racial disparity in years lived: longevity in the United States, with white Gold Coast residents living 30 years more than African American Englewood residents;

WHEREAS All predominantly Chicago African American and Latino community areas, zip codes and City Council Wards All have far fewer hospitals, clinics and pharmacies than predominately white areas of the city;

WHEREAS the City of Chicago received $180 Million in COVID federal funds in February, 2021 and will receive hundreds of millions more of the $80 Billion designated for both COVID-19, including its share of $8 Billion designated for Rebuilding Public Health Departments from the $1.9 Trillion Stimulus Relief Bill signed by President Biden on March 11, 2021; and,

WHEREAS, the development of new and effective vaccines offers great potential to substantially alleviate and control the public health crisis created by the COVID-19 pandemic since early 2020; and,

WHEREAS, it is of the utmost urgency that the City of Chicago (the City) safely, equitably and efficiently vaccinate at least 90% of Chicago's population in order to attain the herd immunity that could abate the pandemic, according to Dr. Anthony Fauci; and,

WHEREAS, in order to achieve COVID-19 herd immunity, mass vaccination sites, located in the neighborhoods where people live, are critical to administering vaccinations to a larger number of residents within a shorter period of time than is currently the case, with an equal distribution of mass vaccination sites prioritizing Chicago's African American and Latinx communities which have the highest COVID-19 mortality and morbidity rates; and,

WHEREAS, there are have been many workplace COVID-19 outbreaks, and there are large numbers of workers' job conditions that put them at risk for COVID-19 and the fastest, safest, most efficient way to vaccinate them is in their workplaces;

WHEREAS, if the necessary mass vaccination effort is not accomplished with maximum speed, as consistently underscored by Dr. Fauci and other experts, there is a danger that the evolution of variants of the COVID-19 virus will become predominant among the unvaccinated and that some portion of those variants will prove significantly resistant to the current vaccines, may be more easily spread, and may cause a higher percentage of severe illness and death; and,

WHEREAS, each aspect of the City's pandemic response to date, (e.g. testing and contact tracing) has been fraught with racial and socio-economic disparities, resulting in unacceptably disproportionate rates of illness and death among Chicago's people of color and those in congregate settings; and,

WHEREAS even though testing during any public health outbreak, epidemic or pandemic becomes even more important once vaccination begins, Chicago has by far the worst racial COVID testing gap in the United States with 200,000 more whites being tested than either African Americans or Latinos, even though the population of each group citywide is approximately 30%;

WHEREAS instead of COVID contact tracing being done by CDPH as it has with every other outbreak, epidemic and pandemic throughout the 19th-21st centuries, CDPH spent $56 Million in federal public funds to privatize contact tracing among 31 private agencies, who for months were contact tracing 1 patient per day

WHEREAS the Cook County Public Health Department (CCDPH) has done all COVID contact tracing in-house by hiring 400 CCDPH employees from those suburban African American and Latino communities with the highest COVID infections and deaths, all of whom have been contact tracing 25 patients per day

WHEREAS, the City's vaccination efforts to date have demonstrated the inadequacy of reliance on a patchwork of pharmacies, private hospitals, understaffed Federally Qualified Health Centers (FQHC's), even though there are far fewer of each in every African American and Latino neighborhood compared to white areas of Chicago; and mass vaccinations at centralized locations (e.g., the United Center) that are difficult for residents to travel to and/or require the skills and patience to navigate a cumbersome, race, class and age discriminatory online appointment process; and,

WHEREAS, these racial and socio-economic disparities have been replicated in the vaccine effort to date; and,

WHEREAS, among Chicago's residents are 270,000 uninsured, 750,000 without cars, 180,000 undocumented, and hundreds of thousands without internet access; and,

WHEREAS, these facts, as well as public health pandemic best practices, necessitate walk up friendly neighborhood vaccination sites, such as Park District Field Houses, Schools, Armories, and Churches, all of which were used by the Board of Elections as polling places in the November 2020 elections; and,

WHEREAS, elderly and disabled residents require in-home vaccination if unable to leave their residence; and,

WHEREAS, vaccination eligibility for all must include a clear "no questions asked" policy regarding insurance or legal status; and,

WHEREAS, the City must provide well-staffed, multi-lingual, 7 day a week, call in centers for appointments and information; and,

WHEREAS, there is deep-rooted vaccination hesitancy and justified distrust of the medical care system among those who most suffer from the disparities as a result of the long history of abuse, racial bias, neglect and disrespect; and,

WHEREAS, the most effective, fairest and fastest way to overcome vaccine hesitancy is to take the vaccine directly to those who want to be vaccinated on every block, school and workplace; and,

WHEREAS it is widely acknowledged that those who want and get the vaccine are the most trusted and effective peer educators for their family members, neighbors, friends, and co-workers to increase vaccination rates and decrease distrust and hesitancy; and,

WHEREAS, the failures in the City's response to date have demonstrated the need for a strong and robust public health department infrastructure through the adequate staffing and training of Chicago Department of Public Health (CDPH) personnel organized to be able to deliver effective and prompt community-based mass vaccination, testing, contact tracing and information; and,

WHEREAS, it is widely known that given the realities of the global economy and ecology there are likely to be more pandemics, climate change disasters and/or other public health crises in the future, for which Chicago must be prepared – a reality that necessitates responding to COVID-19 by rebuilding and restructuring the City's public health infrastructure rooted in community-based and democratically accountable practices; and,

WHEREAS, there has been and will be large influxes of federal monies to Chicago, specifically for the purpose of alleviating the pandemic and its effects, and for the purpose of rebuilding and strengthening local public health departments;

BE IT ORDAINED BY THE CITY COUNCIL OF CHICAGO:

Definitions and Abbreviations

The following terms wherever used in this ordinance shall have the following meanings unless a different meaning is clearly apparent from the context:

CDPH refers to the Chicago Department of Public Health.

CBO refers to Community Based Organization.

Unions refers to labor unions who represent workers at risk for COVID-19.

Health Professionals refers to Doctors, Nurses, Nursing Assistants, Epidemiologists, Disease Investigators, Pharmacists, and other medical professionals.

PMVS refers to Public Mass Vaccination Sites

NA refers to Nursing Assistant

CHW refers to Community Health Workers – organizers and educators hired by CBOs

CHB refers to Community Health Brigades

WB means Workplace Brigades

Team refers to teams consisting of five CHBs

PHN refers to Public Health Nurse

OMN refers to Occupational Medicine Nurse

Commissioner refers to the Commissioner of the CDPH.

CHA refers to Chicago Housing Authority

High Vulnerability Communities refers to the determinations made by the CDPH's Chicago COVID-19 Community Vulnerability Index CCVI, January 25, 2021.

FQHC refers to Federally Qualified Health Center

Effective date refers to the date that this Ordinance is passed by the City Council.

1. **Public Mass vaccination sites.** Within four weeks of this ordinance's effective date, CDPH shall establish:

   CDPH Public Mass Vaccination Sites (PMVS): In large, safe, and walk-up friendly spaces, **including, but not limited to, those used by the Chicago Board of Elections as Polling Places in theOctober/November, 2020 Elections; Chicago Community Colleges; Chicago Community Service Centers; Chicago Park District Field Houses; Chicago Public Schools; Armories; former CDPH clinic sites at Englewood, Lower West, Uptown, West Town, Woodlawn** and other State, County and city buildings in Chicago;

   a. While initially PMVS will be for vaccines, they will also become COVID-19 testing, contact tracing and resource sites as soon as practicable.
   b. There shall be no fewer than one PMVS Per square mile in any Chicago community area, but

there shall be multiple sites in each of the 26 Chicago COVID-19 High Vulnerability Communities

c. The CDPH shall within four weeks of the effective date determine areas within communities not among the 26 COVID-19 High Vulnerability Communities, which have substantial numbers of at-risk residents especially African-American, Latinx, Native American and low-income people and residents of congregate settings and shall establish sites easily accessible to those residents.

d. The PMVS shall be open seven days per week, 12 hours per day. These hours shall apply to the existing CDPH City Colleges of Chicago vaccination sites.

e. CDPH-operated Multi-Lingual COVID Vaccine Appointment Call Center which shall be open 7 day per week, 12 hours per day.

2. **Community Health Brigades (CHB) and Teams.** Within four weeks of the effective date, the CDPH shall establish a network of Community Health Brigades to implement rapid and equitable vaccination at the PMVS as well as other places designated in this Ordinance, and to implement education, contact tracing and testing as soon as possible, beginning in all Chicago Housing Authority (CHA) and Section 8 Senior Housing and all other CHA & Section 8 multi-apartment buildings

   a. The CHBs shall be prioritized in the 26 Chicago African American & Latino COVID-19 High Vulnerability Communities and all Congregate Care facilities, all Seniors in all Chicago Housing Authority and Section 8 Senior Buildings; all other project Section 8 buildings and all Section 8 tenants in other buildings.

   b. Each CHB shall consist of:

      (i) one Nurse and four Nursing Assistants, hired and employed by the CDPH and trained to do vaccinations, testing, contact tracing, education, resource provision, and to do electronic registration and uploading of data, tests, etc. through cellular/Wi-Fi tablets

      (ii) one CHW, hired by CBOs, contracted by CDPH, in or near each of the 26 Chicago COVID-19 High Vulnerability Communities. And trained to educate, organize and mobilize their communities for vaccination, testing, contact tracing and safe protective measures, including but not limited to social distancing, mask wearing etc.

         (1) CHWs shall work each block in their communities including door to door and working outside stores, laundromats, train stops, parks, schools, workplaces, religious institutions to get their neighbors vaccinated, tested, contact traced, providing resources to prevent COVID-19,

         (2) The CHBs shall be grouped into Teams; each Team shall consist of five CHB's. There be one Nurse Coordinator for each Team of five CHB's. Each team will be assigned to geographical areas designated by the CDPH in the framework of High Vulnerability Community prioritization.

(v)Each team Nurse Coordinator will be responsible for the training of the Nurses and NAs, and, in consultation with a committee of CBOS and Public Health Doctors, for the training of the CHWs.

3. **Workplace Brigades** Within four weeks of the effective date, in consultation with Unions, Workers' Rights Centers and other interested organizations, the CDPH shall create Workplace Brigades which shall go to all workplaces, starting at those highest risk: meat-packing plants, food processing, factory assembly lines and all other workplaces where social distancing is impossible and other conditions make them high risk for COVID and conduct workplace-based vaccinations, prioritizing workplaces where there have been COVID-19 outbreaks, those in OSHA high exposure COVID risk categories, and prioritizing workplaces in the 26 High Vulnerability Communities and all workers who have frequent or sustained contact with coworkers including:

    a. under close working conditions indoors or in poorly ventilated spaces in various types of industrial, manufacturing, agriculture, meat packing, food processing, construction, and other critical infrastructure workplaces

    b. Those who frequent indoor or poorly ventilated spaces or have contact with the general public, includingworkers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, emergency response operations, restaurants, and bars

    c. Each WB will include a nurse, four nursing assistants/aides (NA), all of whom will be cross-trained as vaccinators, testers, contact tracers, resource providers and to do electronic registration and uploading of data, tests, etc. through cellular/Wi-Fi tablets and 2 clerical staff for registration and uploading of data, tests, etc. through cellular/Wi-Fi tablets

        i. WB will vaccinate, test, contact trace and provide educational and isolation/quarantine resources toworkers in their workplace.
        ii. Each WB will work in one or more workplace per day. For workplaces with large number of employees 2 or more WB will work together. Five WB shall constitute a Team. Each team shall be supervised one Nurse

    d. Epidemiologist – An Epidemiologist will work with the two project Directors to ensure public health priorities to vaccinate those most at risk.

    e. Communicable Disease Investigators and Contact Tracers will work together with the brigades and teams when COVID19 testing begins in each public health mass vaccination sites and also carried out by both community and workplace brigades.

4. **Other Provisions and Stipulations**
    a. Each physical PMVS will have four registration clerks who will organize the lines of people waiting to be vaccinated, post-vaccination waiting areas and exiting; distribute resource information on isolation/quarantine resources, housing, food, stopping evictions and utility shut-offs.
    b. All site CHB members and clerks will do set-up and clean-up each day. Staff will be both existing & new CDPH workers.

c. At all existing Chicago City Colleges CDPH sites CDPH staffing shall be extended to seven days/week x 12 hrs./day for all Phase 1a and Phase 1b Health & Essential Workers & Seniors.
d. All staff covered by this ordinance shall receive minimum salaries of $20/hr., full-time, full-benefits and be eligible for union membership. Staff will be recruited from the African American & Latino neighborhoods in and around each site prioritizing the 26 CCVI High Vulnerability Communities.
e. FQHCs may be designated as PMVS and may utilize their existing staff, with supplemental staffing from CDPH as needed, however FQHCs must agree to vaccinate all eligible community residents, not just their already existing patients.

Byron Sigcho-Lopez
Alderman, 25th Ward

Budget for COVID-19, 26 HVC
Total Population 825,309 residents

The total project operation personnel projection is 2,023 CDPH staff, 200 Community Based Organization (CBO) staff an additional Federally Qualified Health Center (FQHC) staff, the vast majority hired from the 26 Chicago African American & Latino COVID-19 High Vulnerability Communities.

Premise
Need a minimum ratio 1 PHN Co-Director to 500 staff members to administer, supervise, manage, and evaluate the operations in a designated Brigade.

Take COVID Vaccine to the People Budget: 3.19.2021

CDPH Personnel	# in Job Title	Salary	Total
Physician Co-Director	1	175,000	175,000
Public Health Nurse Co-Directors	5	140,000	700,000
Epidemiologist	1	135,000	135,000
Communicable Disease Investigators	26	$85,000	2,210,000
Public Health Nurse Team Coordinators	75	126,000	9,450,000
Brigade Registered Nurses	300	103,000	30,900,000
Brigade Nursing Assistants	1,200	41,600	49,920,000
Health Educator	5	61,000	305,000
Clerks	250	41,600	10,400,000
Call Center Operators	60	41,600	2,496,000
Call Center Supervisors	6	60,000	360,000
Contact Tracers	100	45,760	4,576,000
Data Entry Coordinators	5	51,300	256,500

CDPH Personnel	2,034		111,883,500
Fringe Benefits @ 0.30 = 30%			33,565,050
Total CDPH Personnel			$145,448,550
Equipment			
Cellular/Wi-Fi Tablets:	1000	500	500000
Cell Phones:			
1/Brigade Nurse + 1/PHN + 5/Co-Directors	500	500	250000
1 Laptop Computer/Team + 5/Co-Directors	207	1000	207000
Cell Phones & Tablets Cellular Service	1707	1000	1,707,000
Printers, Paper, Ink, Supplies	1000	200	200,000
Total Equipment			**2864000**
Total CDPH Budget			**$148,312,550**
Community Based Organizations (CBO's):			
Community Health Workers:	200	45,760	9,152,000
Fringe Benefits @ 0.30 = 30%			$2,745,600
Total CBO Personnel			**$11,897,600**
CHW Cellular/Wi-Fi Tablets:	100	500	50000
CHW Cell Phones	100	500	50000
Cell/Tablet Service	200	1000	200000
Printer, Ink, Paper, Supplies	3000	50	150000
Total CBO Budget			**$12347600**
Federally Qualified Health Centers (FQHC)			
Staff + Hours Expansion Grants			**$24,000,000**
Total Project Cost:			**$184,660,150**

APPENDIX

Chicago's history since the 19th century demonstrates the imperative for community-based, including door by door, approaches to vaccination and other public health needs.

In 1888 Jane Addams of Hull House and others began the world-famous Chicago Visiting Nurse Association (VNA) with 25 public health nurse and nurse aide stations in working class neighborhoods going door to door to improve the health of infants, mothers, children and workers which was one of the foundations of public health nursing in the United States.

In 1888 & afterwards the VNA began door to door vaccination campaigns in Chicago's working class communities, first for cholera, then typhoid and smallpox.

In 1893 Florence Kelly and other women of Hull House were deputized by Illinois Governor Peter Altgeld as "Factory Inspectors" to clean up smallpox causing conditions in Chicago's sweatshops, factories, stockyards and other workplaces.

In 1894 Florence Kelly and other Factory Inspectors, later joined by Hull House's Alice Hamilton, who later became the world founder of Occupational Medicine, began smallpox vaccination of workers in these same sweatshops, factories, stockyards and other workplaces.

At the dawn of the 20th century these women convinced Chicago's Mayor to establish the 1st Chicago Board of Health Public Health Nursing and Nurse Aides Stations and Programs in working class neighborhoods.

The principle of community-based public health was central to the City's efforts to eradicate polio. The Chicago Health Department vaccinated

301,463 people for polio in 1 day on May 18th, 1963-a U.S. record that still stands.

All 3.5 Million Chicago residents on that day lived within 3 blocks of a vaccine station. Every Chicago public school, Catholic school, Chicago Park District Fieldhouse, Chicago Library, Chicago Fire Station, Chicago Armories, all other city, Cook County and State of Illinois Buildings in Chicago, and most churches and synagogues were vaccine sites on that day.

The community-based vision of public health took an important step forward, when, beginning in 1969, the Original Rainbow Coalition of 9 community-based organizations led by the Black Panther Party, through the leadership of Fred Hampton, Chairman of the Illinois Black Panther Party as well as the Lincoln Park-based Young Lords Organization and the Uptown-based Young Patriots Organization, carried out the largest community health outreach programs in the United States, including the United States' first and historic door to door and school to school Sickle Cell Testing Program; as well as blood pressure, lead testing, vaccination, other public health programs and the establishment of 9 free clinics.

The example of these Free Health Clinics created by the commitment of poor and working people pressured the City to begin establishing new neighborhood public health clinics.

This progress continued when , from 1983 to 1987, under the Harold Washington Administration public health was made a priority for Chicago, based on the vision of public health for people not profit and that the limited resources available must be put to work in the highest risk communities with the most need. People commonly visited easily accessible neighborhood clinics for vaccinations. 1200 public health nurses were deployed to vulnerable neighborhoods as well as health educators from high risk communities and professional services were provided, including programs around school and dental health. When the AIDS crisis hit, public health officials worked with community-based organizations to provide contact screening, referrals and follow up.

Perhaps most significantly, under the leadership of Dr. Barbara Norman, who is in the forefront of the campaign to rebuild public health in response to the Covid-19 pandemic, a substantial Infant Mortality Reduction Initiative (IMRI) expanded the availability of Women and Infant Children benefits (WIC) in conjunction with grass roots community efforts and provided education, outreach, and follow up with great numbers of client visits by public health staff.

Chicago has since 1987, departed from this long history of community-based public health, with draconian cuts in infrastructure and services with disastrous results, e.g., due to the lack of sufficient public health staff to deal with the most severe, most deadly heat wave in United States history in the summer of 1995, there were 739 Deaths, where almost twice as many African Americans died proportionately than whites.

As Dr. Norman has stated, "the unconscionable reduction of CDPH personnel from 2000 to 500 in the last four decades left us woefully unprepared for the current pandemic and must be reversed. Community-based public health worked in the past and it is certainly needed to save lives now and prevent further harm in the future."