

**Minutes of the  
Chicago Board of Health  
Wednesday, May 17<sup>th</sup>, 2023  
9:00 AM – 10:30 AM  
DePaul Center  
333 S. State Street, 2<sup>nd</sup> Floor Boardroom (Room 2002)**

**I. Roll Call**

Quorum was established based upon the following:

**Present In-Person:** Janet Lin, MD, MPH, MBA  
Joel Johnson, MEd  
Óscar Iván Zambrano, MPH, MBA, CDM  
Matthew M. Davis, MD, MAPP  
Debra Wesley, MSW  
Horace E. Smith, MD  
Carmen Vergara, MPH, RN-BSN  
Steven Rothschild, MD

**Virtual Participation:** Rosa Martínez Colón, MS

For the Department: Allison Arwady, MD, Commissioner  
Chicago Department of Public Health

**II. Call to Order**

The meeting was called to order at 9:00am by Janet Lin, M.D. President.

**III. Approval of the Minutes**

The Board voted and approved the April minutes.

**IV. Commissioner's Update**

Commissioner Arwady provided the following department wide COVID and non-COVID updates:

- **End of Public Health Emergency**
  - The Public Health Emergency ended on May 11<sup>th</sup>, 2023.
  - Photos taken throughout the COVID Public Health Emergency were shared in celebration of its departure.
- **Mpox Update**
  - The City has identified a new cluster/increase in Mpox cases in Chicago: 21 Mpox cases were reported within the last couple of months. Some had traveled recently. They were largely determined through contact tracing.
  - It is important for people at risk to receive both doses of the Jyennos vaccine.
  - CDC team arrived at CDPH on May 17, 2023 to conduct an additional investigation.
  - Awareness is the top priority, especially with Pride month (June) approaching. Follow along on [Chicago.gov/mpox](https://chicago.gov/mpox)
- **Bureau of Behavioral Health**
  - Opioid Use Disorder Program

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- <https://overcomeopioids.org/free-resources>
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- Narcan and fentanyl test strips being passed out in Chicago Public Libraries
- **Bureau of Maternal, Infant, Child, and Adolescent Health (MICAH)**
  - Focusing on expanding lead poisoning prevention in homes; Chicago recovery plan is to include lead poisoning prevention programs
  - Funding is through HUD, general obligation social bonds, and a small county grant
- **Office of the Chief Medical Officer (CMO)**
  - The Office of the CMO has been involved in the Migrant Response since Chicago started receiving buses of migrants from Texas last fall. Due to the rising number of migrants entering the City of Chicago, the traditional shelter systems are at capacity and police stations became a temporary solution.
  - The health department is focused on the health portion of this response. The Migrant Response is a humanitarian crisis, not a public health one. The main goal in terms of the health department is to make sure the migrants get connected to health care.
  - There is no evidence that migrants are carrying high levels of disease nor is there a major infectious disease surge. One of the main goals has been to vaccinate the migrants coming in for varicella and other infectious diseases.
  - Migrants in Chicago are receiving care through Cook County Health. Funded primary care and behavioral health services are offered in ALL homeless shelters through a multitude of healthcare partners.
  - The City's Emergency Operations Center is working to move people into shelter settings where they can have access to the healthcare offered.

**Board Member Comments and Questions:**

- **Óscar Zambrano:** How can the Board of Health help with the Migrant Response?
- **Debra Wesley:** Regarding shelters for migrants, is the City looking outside of the City of Chicago for properties?
- **Dr. Lin:** Is CDPH in need of any specific health help from hospitals?
- **Dr. Davis:** Want to make sure we acknowledge that people are still coming to hospitals and ERs. Hospitals cannot discharge them if there is no place to send them to. That could be an issue for hospital capacity.
- **Dr. Lin:** Have there been any reports of safety and/or violence issues? Is there anything that we should be aware of or proactive on?

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- **Carmen Vergara:** What is the current approach to keeping family units together with space being a main challenge?
- **Debra Wesley:** Information is power. We need to make sure we can communicate what is real and what is not. We would hate for someone who has a lack of understanding to do something harmful to those who do not deserve it.
- **Dr. Smith:** Creating a human crisis for government to come to solutions. With no national outcry of crisis, those in power will not doing anything to solve it.
- **Joel Johnson:** There are open spaces that should not be opened. How do we create programming to make sure properties and useful areas are not empty?
- **Dr. Rothschild:** We should be using this as an opportunity- making schools being used for migrants into community centers that meet the needs of all eventually.
- **Dr. Lin:** When something is affecting you personally, that is the opportunity used to rise up and help the overall community population health issue.

**V. Board President's Comments:**

Comments regarding standing business and new business will be made after the presentation.

**VI. Presentations:**

Chicago Department of Public Health - Bureau of Disease Control

Massimo Pacilli, Deputy Commissioner

Dr. Stephanie Black, Epidemiologist

Dr. Do Young Kim, Medical Director

Dr. Michelle Funk, Medical Director

**Board Member Comments and Questions:**

- **Carmen Vergara:** Since diabetes can be hereditary, what are the best preventative practices that could be learned from the infectious disease world?
- **Debra Wesley:** Will this bureau and these programs be impacted by funding going forward?

**VII. Public Comments**

There was one written public comment.

It has been 6 months since CDPH's Matthew Richards told the Chicago Board of Health that there were eight street outreach workers deaths (aka community violence interrupters) in the line of duty. He didn't give a specific year for when the deaths occurred.

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Three months ago, and apparently in response to public comment submitted on February 14, 2023, for February 15, 2023, Matthew Richards wrote, in part, the following:

I'm following up on your questions about CVI workforce injuries. Sorry for the delay.

I've had conversations with a number of partners about the figures and am working to determine if there is a 2022 count about which all parties agree both in terms of fatal and nonfatal injuries. Violent injuries are not currently reportable health conditions about which CDPH receives mandated data. We plan to provide the BOH with additional information as a follow up to my presentation as we get it and I will provide it to you directly as well. I hope to have clarity on this matter by the end of this month. The limitations of much of the current data (e.g. Northwestern report and papers) is that it is a sample of CVI workers and is self-reported.

On February 15, 2023, I addressed the following to Dr. Awardy, copied to Dr. Lin:

Three months ago, CDPH announced that eight (8) community violence interventionist street outreach workers (SOW) were killed on the job. A member of the Chicago Board of Health asked you to verify the number of reported lives lost. Three months later and you have not done so. You have not been forthcoming about the source of the reported number of lives lost.

The Northwestern/Albany paper doesn't mention SOW deaths; it was a survey of the living. The Northwestern/Albany paper claimed to survey "a near census of Chicago-based community violence interventionists." As such, it represents the population, not a sample. Even still, if eight of a "sample" of SOWs were killed, does it make it less concerning?

You said that there's no Chicago public health mandate requiring the reporting of fatal and nonfatal injuries, but CDPH does ask its delegate agencies, via its contract objectives, to report serious injuries of staff: "Alert CDPH immediately for life threatening incidents and within 48 hours for serious and/or troubling incidents." Source: CDPH violence intervention delegate agency contracts.

We have heard time and time again that one of the drivers of Chicago's racial disparity in life expectancy is homicide. CDPH's professed concern would seem to mandate its own tracking of homicides.

You should report fatal and non-fatal injuries for each year the city has funded these programs.

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When you reported that eight people had lost their lives doing violence intervention work, you seemed to express concern that we should pause and recognize the value of their lives and their sacrifice just as we value and recognize the sacrifice of other first responders. Three months later, how are you demonstrating that you are serious about valuing the lives of CDPH-funded street outreach workers?

It's apparent that the monitoring of the work performed by CDPH-funded community violence intervention delegate agencies and your support for the people the agencies employ to do this work are inadequate.

I wrote to CDPH again on March 22, 2023:

What was the source for your November report of eight community violence intervention (CVI) street outreach worker deaths during the past year or so?

You said that you hoped to have clarity on this matter by the end of last month. Do you believe that the number of CVI worker deaths you reported in November is accurate? What is the current assessment of the number of CVI worker fatalities? Do you have a list of names, dates of death, circumstances, and delegate agency affiliation for workers who died under CDPH funded CVI programs in 2020, 2021, and 2022?

What is being done to get more accurate and transparent reporting of CVI worker fatal and nonfatal injuries going forward?

In November, you said that CVI worker deaths should be publicly acknowledged and that CVI workers should be better supported. What are you and the health department doing about this?

I have not received any response from CDPH.

The failure of CDPH and the CBOH to report, after 6 months, whether it is true or false that there have been deaths in the line of duty of community violence intervention street outreach workers is reprehensible.

I have trouble believing that any of the city-fund agencies that employ these first responders doesn't know whether and how many of their own workers are alive.

Regrettably, through Freedom of Information, I learned a little about one death. More needs to be said.

Judy King

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**VIII. Standing Business**

There was no standing business.

**IX. New Business**

There was no new business.

**X. Old Business**

There was no old business.

**XI. Adjourn**

The meeting was adjourned at 10:42am by Dr. Janet Lin.