

**BUILDING VACCINE CONFIDENCE:  
OUR SHOT AT CURBING  
THE PANDEMIC IN CHICAGO  
AND BEYOND**

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**HEARING**

BEFORE THE  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS  
CRISIS  
OF THE

COMMITTEE ON OVERSIGHT AND  
REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

NOVEMBER 10, 2021

**Serial No. 117-51**

Printed for the use of the Committee on Oversight and Reform



Available on: *govinfo.gov*,  
*oversight.house.gov* or  
*docs.house.gov*

U.S. GOVERNMENT PUBLISHING OFFICE

46-258 PDF

WASHINGTON : 2022

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\* "Getting to Yes: Increasing Equitable Outcomes in COVID Vaccinations—Reaching underserved communities disproportionately impacted by COVID-19," report, by Advocate Aurora Health.

\* Letter to Reps. Krishnamoorthi and Foster, from Advocate Aurora Health.

*Documents are available at: docs.house.gov.*



**BUILDING VACCINE CONFIDENCE:  
OUR SHOT AT CURBING  
THE PANDEMIC IN CHICAGO  
AND BEYOND**

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**Wednesday, November 10, 2021**

HOUSE OF REPRESENTATIVES  
COMMITTEE ON OVERSIGHT AND REFORM  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 1:08 p.m., in Conference Room C, Malcolm X College, 1900 W. Jackson Blvd., Chicago, IL, and via Zoom. The Hon. Raja Krishnamoorthi presiding.

Present: Representatives Krishnamoorthi and Foster.

Mr. KRISHNAMOORTHI. The subcommittee will come to order.

The title of today's hearing is "Building Vaccine Confidence: Our Shot at Curbing the Pandemic in Chicago and Beyond."

Without objection, the presiding member is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

I would, first of all, like to thank Congressman Foster, my fellow subcommittee member, for joining me today, and all of today's witnesses for taking the time to testify about the critical issue of building vaccine confidence.

I would also like to thank Chairman Clyburn of the Select Subcommittee on the Coronavirus Crisis for his strong leadership and for lending us the resources for this important hearing today.

President Biden, Governor Pritzker, and Mayor Lightfoot have successfully vaccinated millions of Americans, over 222 million in total, including 8.3 million here in Illinois and 1.6 million in Chicago. That is over 75 percent of all Americans, Illinoisans, and Chicagoans over the age of 12 who have received at least one dose of vaccine.

In just five months, the vaccine prevented 140,000 deaths across the country.

We know that the vaccine is effective. We know that it is safe. And we also know that widespread vaccination is the way to end this pandemic. So, why aren't more people getting vaccinated?

After all, without the vaccine, people are six times more likely to get coronavirus, and 11 times more likely to die from it. And vaccinations offer better protection against the coronavirus than immunity from a prior infection. Unvaccinated people who had recovered from a prior COVID infection are five times more likely to

get COVID again than those who are vaccinated who had a prior infection.

With the vaccine, families can confidently gather for the holidays. Kids can see their grandparents. Children can spend more time in school and less time quarantining.

The Federal Government has provided millions of dollars in aid to end this scourge. The American Rescue Plan provided \$350 billion across the country, including about \$275 million here in Illinois. Chicago's vaccination efforts were fueled by almost \$100 million in Federal funding.

Yet, many Americans remain unvaccinated. Nationwide, more than 20 percent of all adults and children over the age of 12 have not yet received even one dose of vaccine. Illinois has done better than the rest, and Chicago the same. Yet among adults and children over the age of 12, 23 percent have not started a vaccine series here in Illinois.

We now have an unprecedented opportunity to increase vaccine uptake here in Chicago and across the country. Just last week, Federal regulators approved the vaccine for children ages 5 to 11. I should say that my own five-year-old got vaccinated last week, and she got a poke present in return.

We owe it to our children to get shots in their arms quickly and equitably. They will spend more time learning, and, importantly, they will be able to get back to playing sports and socializing. They will have access to reduced-price nutritional meals, we well as other important social services.

President Biden, Governor Pritzker, and Mayor Lightfoot are all working hard to get shots to our kids. They are ensuring that vaccines are readily available at locations parents know and trust, like doctor's offices, children's hospitals, and schools.

Chicago is closing its public schools this Friday so parents can get their children vaccinated, and they are offering a small monetary award for children who get vaccinated.

As we vaccinate young children, we must continue to address vaccine hesitancy in historically underserved communities. We must continue the hyperlocal outreach that is working in Chicago. That means sending trusted messengers into their communities, and it means overall building vaccine confidence.

We are going to hear from many people today about how well this approach works.

We are going to hear from Mayor Lightfoot, who spearheaded the Protect Chicago 77 program, a community engagement program working to ensure 77 percent of Chicagoans 12 and older, across all 77 Chicago communities, have started their vaccinations by year's end.

Chicago is getting close; it is at 75 percent, and climbing. To help get to 77 percent, every Chicagoan can talk to friends and loved ones about the vaccine. Businesses can require vaccinations for their staff and patrons.

And we don't want to just hear from government leaders. We will be hearing from people who are out in their communities, doing the hard work of on-the-ground outreach.

Ms. Martha Martinez, the supervisor at an outreach program at a public library in Elgin, will tell you about how she and her team

talk to community members every day. Dr. Omar Khan is both a medical doctor and a Muslim-American community leader. He will tell us how he has tailored his work to those in his community. Mr. Don Abram works for the Interfaith Youth Core, which funds local groups that are working to increase vaccine uptake.

They all agree on one thing: hyperlocal, on-the-ground outreach works. And the empirical evidence supports this approach.

Financial incentives are great, and they do a great job of ensuring a large number of people get vaccinated when they become eligible. But they don't work for everyone.

Employer vaccine requirements can also help fill the gaps. At United Airlines, implementing vaccine requirements increased the vaccination rate to 99 percent. Chicago and Illinois have both implemented vaccine requirements for public employees, keeping children and others in the care of public workers safe. And we are looking forward to hearing what Dr. Ezike has to say about this, as well.

Among the vaccine hesitant, many more want time to wait and see if the vaccine works. And many just want to talk to someone who can answer their questions. By funding and empowering hyperlocal outreach on-the-ground efforts, Chicago and Illinois are helping residents get the answers they need from the people they trust. And that is going to be an ongoing theme, I think, of today's hearing, which is finding trusted messengers to do that hyperlocal, on-the-ground outreach.

With hard work in the weeks ahead, we will keep children in schools and let families come together for Thanksgiving and the Christmas and winter holidays. I look forward to hearing from our witnesses how to meet those goals by building vaccine confidence in Chicago and beyond.

Now I would like to recognize Congressman Foster for his statement.

Mr. FOSTER. Thank you to the committee and to my friend, Congressman Krishnamoorthi, for convening this hearing, and to both panels of witnesses for their participation. I would also like to thank several organizations in attendance that have been critical to the COVID vaccination efforts in my district: the Will-Grundy Medical Clinic; VNA Health Care; and Advocate Aurora Health.

As one of two Ph.D. scientists in Congress, I always look to the research and data when making decisions, and the decision to get vaccinated is one place where the data could not be more clear: all three of the FDA-approved vaccines are extremely safe and extremely effective.

We run into two classes of arguments in the discussion over vaccinations. One is a scientific one based on pure self-interest, and a second one less scientific. It is based on your duty to your family and your community, and ultimately your country and all humanity because of the danger that one person being infected presents to eventually all of humanity.

So how do we know that they are safe and effective? First, the vaccines were tested on primates, for whom they were over 90 percent effective and had no serious side effects. Then we moved on to three different phases of human trials.

Across each of these three phases, the first of these phases, between 30,000 and 50,000 people received each vaccine, and each person was monitored closely for any adverse reactions or COVID infections. Again, the vaccines proved to be up to 95 percent effective at preventing COVID infections, and even better at preventing hospitalizations and deaths. The side effects observed were rare and usually minor.

So, if you want more evidence, then even after the vaccines were approved and deployed at massive scales, the FDA and pharmaceutical companies continued to closely monitor people's reactions, keeping close records of any serious side effects or infections that have occurred. To date, 431 million shots have been administered in the U.S. If these shots were dangerous, we would know it by now. And if they didn't work, we would also know that.

But, in fact, this extensive data has shown the opposite. Although it is still possible for someone who is vaccinated to catch COVID-19 or to pass it on, unvaccinated people are six times more likely to get the disease and, depending on the study, 11 to 20 times more likely to die from it than a vaccinated person. Many of our hospitals are overwhelmed with COVID patients right now, and more than 95 percent of those patients are unvaccinated.

And as far as safety, after tracking millions of vaccination outcomes, the only common side effect is a sore arm and perhaps a day of flu symptoms. This certainly isn't fun, but neither is spending a month on a ventilator.

But everyone on the two panels before us today already agrees with these conclusions. So, what we are here to do today is to figure out how to effectively communicate these data and statistics and ultimately get shots in arms.

Our local health departments and their partner organizations in the southwest suburbs have been working around the clock to get our neighbors vaccinated. We have seen the Will County and DuPage County Health Departments, among many others, run highly successful vaccination campaigns for our communities of color. I am incredibly grateful for their dedication, and I look forward to hearing what further support we can give them to get us across the finish line.

Thank you, and I yield back.

Mr. KRISHNAMOORTHY. Thank you, Congressman Foster.

Now I would like to begin by introducing our first two panelists.

Chicago Mayor Lori Lightfoot has led an impressive campaign to vaccinate Chicagoans quickly and equitably.

Mayor, thank you for everything you have done and everything that you are doing to build vaccine confidence in Chicago.

Our second witness is Dr. Ngozi Ezike, Director of the Illinois Department of Public Health, who has been a constant advocate and a steady voice for our state's public health and for children's health.

Director, thank you for all that you are doing for our residents in Illinois.

I will begin by swearing in the witnesses.

If you would please rise and raise your right hand?

[Witnesses sworn.]

Mr. KRISHNAMOORTHY. Thank you.



Let the record show that the witnesses answered in the affirmative.

Thank you and please be seated.

Without objection, your written statements will be made part of the record.

With that, Mayor Lightfoot, you are now recognized to provide your testimony.

**STATEMENT OF LORI E. LIGHTFOOT, MAYOR, CITY OF CHICAGO**

Ms. LIGHTFOOT. Thank you, Congressman Krishnamoorthi and Congressman Foster, and members of the Select Subcommittee on the Coronavirus Crisis, for holding today's hearing. I applaud your work and the unwavering support that you have shown municipalities across Illinois.

Though this journey is far from over, it is an honor to appear before you today to share the work that we have accomplished thus far and our plans for the future, which would not have been possible without cooperation from the government at all levels. So, I want to again thank the members of this body for the resources that have been provided to municipalities like Chicago. I also want to thank our State partners represented today by Dr. Ezike, who has been very instrumental in making sure that we are focused and coordinated in our efforts with the State.

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

This started with the recognition that although all of Chicago was impacted by COVID-19, our Black and brown communities really bore the brunt.

For example, in April 2020, despite making up only 29 percent of Chicagoans, Black residents accounted for 75 percent of COVID-related deaths. That was seven times the rate of any other demographic.

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 across disciplines and utilized trusted locations to provide residents with information, testing, and eventually vaccine.

While this started with a focus on deaths in Black Chicago, we soon widened our aperture and worked to build the same kind of trusting relationships across Latinx Chicago.

To bolster this data-driven, hyperlocal 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 these communities that were showing sustained rates of high-case infections. Here again, we used a net-

work that we had built for testing and education to make progress in our hardest-hit zip codes.

We also then 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 of this year.

To date, more than 15,000 people have been served through this Protect Chicago at Home program. It is very, very popular.

And as of the last four weeks, 54.6 percent of the participants in this program were Black, and 18 percent were Latinx.

We also created a 600-strong work force of contact tracers, and we specifically targeted the underemployed with an earn-as-you-learn approach. Not only have they been doing contact tracing, but they have also been deployed to be vaccine Ambassadors in their communities.

Recently, as you mentioned, we launched Protect Chicago 77, which engages individuals in every single one of our 77 communities to ensure that at least 77 percent of residents aged 12 and over have received at least one dose of COVID-19 vaccine by the end of the year. These efforts have helped to save countless lives, including Marie Ann Jesus, parents of Portage Park resident Cessi. Cessi and her parents were desperate for a vaccine appointment when they met Brianna, who volunteered to connect them with vaccine appointments for residents after losing her grandfather to COVID-19. Twenty-four hours later, Cessi secured an appointment to protect her parents. Cessi's story and the story of countless others were made possible for the many volunteers, community leaders, and organizations who continue to pull 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.

I want to emphasize a couple of data points in my closing seconds. Ninety-nine percent of fully vaccinated Chicagoans have not tested positive for COVID-19, whereas 99.9 percent have not been hospitalized, and 99.9 percent have not died due to COVID. These numbers are pretty remarkable, but the flipside is the case for folks who remain unvaccinated.

My time is up, but I appreciate the opportunity to speak with you here today. Thank you.

Mr. KRISHNAMOORTHY. Thank you, Mayor.

Now I would like to recognize Director Ezike for your testimony.

**STATEMENT OF NGOZI EZIKE, M.D., DIRECTOR, ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH**

Dr. EZIKE. Congressman Krishnamoorthi and Congressman Foster, thank you so much for inviting me to be here today to speak about our vaccination efforts to protect all of Illinois from COVID-19. And thank you for your leadership at the Federal level to promote these life-saving efforts to keep our country safe.

As of November 9, 2021, more than 16 million vaccines have been administered in Illinois, leading to about 62 percent of the population with at least one dose. And more importantly, 57 percent of the total population is fully vaccinated against COVID-19.

By age, the share of Illinoisans who are fully vaccinated is about 84 percent for individuals over the age of 65; 66 percent for adults aged 18 to 64; and 54 percent for youth age 12 to 17. Following the authorization of vaccine for children age 5 to 11, just on October 29, younger children have started to get vaccinated. As of November 7, over 15,000 doses have been administered to children age 5 to 11, including your own.

Mr. KRISHNAMOORTHY. Thank you.

Dr. EZIKE. We are currently averaging more than 53,000 doses administered per day Statewide, and the seven-day rolling average of doses administered in Illinois is more than twice as high as our most recent lull, at roughly 19,000 doses per day, back in mid-September. There is no doubt that the local health departments, health care providers, retail pharmacy partners, employers, and so many other partners across Illinois have worked tirelessly together to implement a very successful Statewide vaccination effort, and we are celebrating this achievement thus far, but still understanding that there is a lot more work to do.

We know that there is a wide variance in vaccination rates across the State, so the numbers can sometimes hide the details. For example, about 95 percent of seniors in Kendall County are fully vaccinated, and that compares to 34 percent of seniors being vaccinated in Alexander County. For youths age 12 to 17, 70 percent are fully vaccinated in DuPage County, while two percent are fully vaccinated in Harden County.

Racial differences have also persisted, including for young children just beginning to be vaccinated. Among those 15,000 doses administered through November 7, [inaudible] percent were administered to white children, and only 12 percent to Hispanic children, and three percent to Black children.

As we prepare to accelerate the next wave of vaccinations for children age 5 to 11, now is a good time to take stock of exactly what we have learned about strategies to increase those vaccination rates for all.

There was a time when there was incredibly high demand for the COVID vaccine before they were approved and as those first doses were rolled out in December 2020. But since April 2021, when the rate of vaccination actually began to slow in Illinois, the population of individuals left to be vaccinated is increasingly composed of people hesitant to the COVID-19 vaccine, in addition to the minority of Illinoisans who could be described as anti-vaccine or opposed to any form of vaccination.

In Illinois, those that are most likely to report vaccine hesitancy have primarily been younger people, people of color, and rural residents. Importantly, we also know that vaccine hesitancy and refusal can serve to reinforce social identity, in this case often tied to political or partisan and religious identities polarized through the pandemic. Research also reveals some of the reasons vaccine-hesitant people share for not receiving the vaccine include concerns with the speed of vaccine development, lower trust in the experts, and fears about the safety and effectiveness of the vaccine.

Our continuing vaccination efforts will rely in part on acknowledging and understanding vaccine hesitancy to best target remaining vaccine-eligible individuals. Every day we are vaccinating indi-

viduals who are likely to have expressed some hesitancy, otherwise they would have already been vaccinated since all adults were eligible in April.

These individuals are hesitant adopters, people who are both vaccinated and yet report some degree of hesitancy. In the current phase of the pandemic, addressing vaccine hesitancy should focus on creating more hesitant adopters by implementing interventions that are tailored to the specific concerns of specific populations. This has been our approach in Illinois to date, where we have spent a total of \$225 million on the vaccination effort.

There is need for urgent action. The highest rates of COVID-19 vaccine hesitancy are found in the demographic groups that have already been the most severely affected by the pandemic. In Chicago, in Cook, for example, COVID-19 vaccine hesitancy for children was nearly three times higher among Black parents compared to white parents, while Black Chicagoans comprise a disproportionately greater number of COVID-19 deaths compared to other groups.

Attitudinal hesitancy may not be the only issue, however. Communities with lower rates of COVID-19 vaccination are also those with structural inequities and access to health care resources. For example, retail pharmacies have been a major source of both testing and vaccination, but research has persistently found that Black and Hispanic neighborhoods have fewer options for pharmacies and have to drive longer distances to the closest COVID-19 vaccination.

All that we have learned to date will inform how we implement our ongoing efforts for the 5-to 11-year-olds. We are working to reach school-age children. We are going to use our pediatricians, our family doctors, our community health centers, all these places where parents can receive trusted information about the vaccine to reduce hesitancy.

To date, approximately 2,200 providers in Illinois have registered to administer the vaccine, and we plan to continue registering the additional providers, especially targeting communities where vaccination rates have lagged.

Federal support could significantly aid Illinois in our efforts to facilitate vaccination among hesitant individuals. The Federal Government should help mitigate and counter misinformation in the ongoing info pandemic that parallels the pandemic. This info pandemic fuels hesitancy and public confusion through the rapid and widespread dissemination of inaccurate messages. Knowing what is being spread and catching it early could allow IDPH and our many partners to respond swiftly to misinformation with simple, consistent, accurate counter-messaging. Unfortunately, current Federal funding is often restrictive and lacks the ability to rapidly re-allocate those funds to address the emerging needs and crisis situations as they arise.

Reorganizing public health funding is one way the Federal Government can help us implement the kinds of interventions necessary to refute misinformation and continue vaccinating hesitant individuals and populations.

Thank you so much for the opportunity to share Illinois' experience, and I am very happy to answer questions.

Mr. KRISHNAMOORTHY. Thank you so much.

I should have told you about the timer before, but there is a five-minute timer here, and we will try to abide by the time.

I would like to recognize myself for five minutes of questions.

Mayor Lightfoot, I understand that Chicago has taken a data-driven approach to its vaccination program, and I am fascinated by this at-home vaccination strategy.

Can you explain some of the lessons Chicago has learned and how it has changed its approach based on what it has learned?

Ms. LIGHTFOOT. Well, I think one of the biggest things that we have learned is that there is not a one-size-fits-all approach, particularly when you are dealing with vulnerable communities. We have really spent a significant amount of time building partnerships, joining tables that have already been built, and really then using the data and sharing that data with local-based advocacy groups and stakeholders to craft really neighborhood-specific interventions.

One of the ones that really came out of that discussion was our at-home program. We started that using Johnson & Johnson to go into homes of our seniors. But we have seen such an embrace of it across particularly Black Chicago on the South Side, where we have seen lower rates of vaccine uptake, that we have literally been going door to door with vaccine Ambassadors and then signing up whole households for the at-home service. It has really been quite tremendous with us.

But what I would say is, again, one of the things that has been most important in our vaccine distribution program is the work that we did prior to the time that the vaccine hit by building those relationships with trusted community partners and messengers, and then using that infrastructure to push out vaccines, and then constantly being engaged with them to understand what the levels of hesitancy are.

I think Dr. Ezike got it just right. Based on polling that I have seen, both nationally and certainly here locally, there is a small percentage that are anti-vax, that are never going to reach it. The vast majority of people that remain unvaccinated are still vaccine hesitant. So, when we sent out those Ambassadors into neighborhoods, going door to door, we see the ability to really address people's concerns, make sure that we are informing them of the facts because, as you know, there is still a persistent drumbeat of misinformation out there about the vaccine, about the efficacy of it, the ingredients of it, what was used and so forth. When we are able to have those kind of one-on-one conversations, we are able to break through at remarkable rates.

Mr. KRISHNAMOORTHY. Thank you.

Dr. Ezike, rural areas, it seems like this is a really tough-to-crack. Can you tell us what is working in rural areas, and can you give any specific examples?

Dr. EZIKE. You know, we have tried the door-to-door method that had worked in some areas, and we had a lot of pushback and resistance on that. So, what we have done, we have continued to do outreach, we have continued to partner with churches in the area, trying to find local people of faith who are willing to share the message, allow education to be spread, host events. But we have also had to make sure that we give other options, and so we have been

very diligent about educating about monoclonal antibodies. We know that at the end of the day we need to save lives, and if we have people who are still on the fence, still hesitant, or absolutely not going to get a vaccine, part of the approach has to make sure that they do understand how they might take another option if they were, in fact, to get infected, although we continue to promote an ounce of prevention is worth a pound of cure.

We have also tried to make sure that there is access—

Mr. KRISHNAMOORTHY. Excuse me. If I could jump in, are there any trusted organizations in the rural areas, or trusted messengers, that seem to be more effective than others?

Dr. EZIKE. So, we think that using physicians from the local area, people who are recognized by people in that area. We have a strong rural health department at IDPH, and working with those physicians who are in the community, helping to have the town halls where people can ask the specific questions that are maybe holding them back. And when they see a physician or a nurse practitioner, another clinician that is known to them that is from the local community, sometimes that correct messenger is the person whose message will be received.

Mr. KRISHNAMOORTHY. Now, Mayor Lightfoot, what do you think? Who do you find to be—if there is a group or a class of people who are the most trusted messengers that you have found, who are they?

Ms. LIGHTFOOT. I think it is those local health care providers, first and foremost. But what we have also been able to deploy is people themselves who are vaccine hesitant, who then can tell the story to others about what it was that really got them to decide, no, the vaccine is something that I need for myself and for my family. Those are very powerful messengers.

Mr. KRISHNAMOORTHY. Excellent. Thank you.

Now I would like to recognize Congressman Foster for your questions.

Mr. FOSTER. Thank you.

You know, as a scientist, I am really proud of the work that researchers have done to develop and test vaccines to provide protection against this virus. In the early days of the pandemic, Congresswoman Donna Shalala, the former head of HHS, and I led a bipartisan letter urging maximum resources to be put into all vaccine manufacturers that had any chance of making a workable vaccine. This effort was eventually rebranded as Operation Warp Speed, and the Coronavirus Oversight Committee that we are convening here, we have been very active in overseeing that production effort and also making sure that when the first doses were available they were equitably distributed, which was not naturally going to happen.

So, I am very grateful for the work of the Federal, State, and local officials, as well as the health care providers and other community members who helped get the first millions of shots in arms in record time. And now with 423 million doses of coronavirus vaccines administered in the U.S. to date, we have seen that the vaccines are very safe and effective. The data show that the vaccines are literally lifesavers and that serious side effects are rare, and

yet far too many Americans are still placing their lives and the lives of others at risk because of vaccine hesitancy.

So, Dr. Ezike, as a physician, what are the first arguments that you find most effective when you recommend that people get vaccinated or boosted as soon as they are eligible?

Dr. EZIKE. I continue to share the information about how layered approaches are important and how prevention is always our first line. I think I try to use the examples of vaccine-preventable illnesses that we don't see. I have been a physician for over 20 years. I have not treated one case of measles. But my tennis captain, her brother is deaf from the results of measles. So, in that short time, we can see what the vaccine has done.

The example of polio, I don't have children jumping double-dutch jump rope with braces on their legs from polio. The only reason that we don't have polio is because of the vaccine.

So, just reminding and level-setting about what vaccines are.

I know a big pushback that comes back is when we talk about Tuskegee in the African American community. We talk a lot about, oh, the Tuskegee experiment where public health officials did not do right by people of color. So, even understanding that example, acknowledging that something was done very wrong during that time, but remembering that in Tuskegee, in that instance, we had a situation where treatment was withheld. There were available antibiotics that were withheld from people who needed it. And in this case, we have that available treatment that we don't want to withhold from people of color or anyone else.

Mr. FOSTER. You are right, that will just compound the inequity that has been longstanding in our health care system.

Actually, you did a good job of answering my next question.

Mayor Lightfoot, are there other aspects of your city's approach that have helped convince Chicagoans that vaccines are safe and effective that you have not had a chance to mention yet?

Ms. LIGHTFOOT. Yes. I think, look, at the very beginning it was just getting out the basic information about the various clinical trials, the results of the effectiveness. That really helped to allay a lot of concerns initially. But right now where we are, there is really not a one-size-fits-all approach. You have got to simply start the conversation by listening and really getting an understanding of what the particular person's hesitancy is. It is that simple, but that complicated.

And we have all the data that you want. For example, in our city, if you are a person of color 50 years or older, you have a 50 times higher likelihood of death if you are unvaccinated. When you start talking to people one-on-one about those kinds of shocking statistics, that catches their attention.

But what we also try to do is draw out the misinformation that they have taken in so that we can disabuse them with the facts. But it really requires a lot of patience, a lot of listening, to go directly, and that is a lot of what the vaccine Ambassadors, the work that they are doing on a regular basis, and that is why I am proud of that program and why I think it has been wildly successful in bringing communities into care.

The other thing that we are really avoiding doing is shaming people in communities for not being vaccinated. So, we are trying

to reinforce the Protect Chicago 77 with positive messaging. Any time a community makes measureable progress, we highlight that on various social media platforms, and I think that positive reinforcement is also helping considerably.

Mr. FOSTER. Thank you.

I have five seconds left, so I think I will yield back.

Mr. KRISHNAMOORTHY. OK. Thank you, Congressman.

We are going to do one more round of questions.

So, Mayor, as you were talking, one thing that dawned on me is that when you have almost 80 percent of Chicago residents now having received their first shot, that has to touch almost every family in the city, at least that is what I am assuming.

Now, let me ask you this. This may be a loaded question, but do you find that family members are good Ambassadors to other family members? Because I hear the anecdotes both ways.

Ms. LIGHTFOOT. It really does go both ways. But if we can reach someone in that family, and then get them to be the Ambassador with their own family, to talk to mom, dad, grandma, other siblings, it does make a huge world of difference. That is why I think in part our initial push, Protect Chicago Plus, was so successful. We really concentrated on getting someone, particularly within an intergenerational household, who would be the messenger on the vaccine, who would bring the reluctant family members to a vaccinationsite. That is what I think made it very successful.

For example, the Belmont Cragin neighborhood, through most of 2020, before there was a vaccine, was a neighborhood where we saw exploding case rates, percent positivities in the high teens, or even higher in some instances. That community now is one of the most vaccinated in our city because of the hard work that was done through Protect Chicago Plus, working with trusted stakeholders, and we held a lot of vaccination opportunities all over, in schools, in houses of worship. You name it, we were there working with our partners in various pharmacies, with various doctors that were from that neighborhood. That neighborhood has had a remarkable recovery because of the hard work that was done prior to the time that we got vaccine, and then pushing it out and highlighting those local stakeholders who said, yes, I got the vaccine, and here is the reason why.

Mr. KRISHNAMOORTHY. Got it. Thank you.

Dr. Ezike, what can the Federal Government do to assist in increasing the vaccination rate? You mentioned something about disinformation or misinformation and social media. I would be curious about what are your observations there and what are you doing or what needs to be done by others to control that issue?

Dr. EZIKE. I think the infodemic, if you will, is a very powerful tool that is working negatively against the COVID response efforts, and I know most public health departments and other health partners don't really have the resources or the expertise to be able to monitor what the trends are in social media. So, by the time we are actually aware of some of these ideas that have just permeated and bathed the people, it is a very uphill battle to get on top of that because that news spreads so quickly.

So, if there was a way that the Federal Government could assist with monitoring the information that is out there so that we can



jump and seize hold of some of these mistruths and disinformation earlier on, before it has had such a chance to percolate throughout society, we could probably avert many people from hearing the wrong news, or at least having the counter-message be ready.

Mr. KRISHNAMOORTHY. Getting in front of it.

Dr. EZIKE. Exactly.

Mr. KRISHNAMOORTHY. Mayor, what do you think about the challenge with regard to youth? I see it has risen, the percentage has gone above 50 percent, and Dr. Ezike said this about Illinois as a whole. What strategies seem to be working with our youth? I am talking about 12 to 18 for right now.

Ms. LIGHTFOOT. Well, first of all, we have to get the parents. In that age cohort, you have to get the parents on board. Fundamentally, that is what it is really about. You have to make sure that young people are connected up with a pediatrician, because that is going to be the most likely place that you are going to see. And then for the older end of the teenage years into the early 20's, we have done a number of different things. We have popular influencers who are going directly to those young people talking about the vaccine. We have done D.J. radio takeovers where there is messaging through the whole program on popular radio sites in a variety of languages all talking about the safety of the vaccine. Of course, we have to get those people vaccinated first, but we have had a lot of success with that.

We have done a lot of digital assets deployed on social media platforms and elsewhere to really reach young people with the kind of messaging and imagery that is going to make a difference for them.

So, we have really been focused on that cohort, I would say initially 18 to 39, and now more recently 12 to 18, and we are doing the same thing, frankly, that marketers are doing, what works, how do you reach them, and that is where we are going.

Mr. KRISHNAMOORTHY. Thank you.

Congressman Foster?

Mr. FOSTER. Thank you. Back to the pure science for a moment.

Viruses constantly change through mutation, and new variants of a virus can spread more easily or make viruses resistant to treatments or other vaccines. One of the strongest arguments for getting yourself vaccinated is to reduce the number of chances the virus has to incubate a new variant, a new and dangerous variant of itself. The most prominent of these is currently the Delta variant, which is thought to be twice as contagious as the original virus. In fact, studies have shown that people infected with the Delta variant carry about 1,000 times more copies of the virus in their respiratory tract than those infected with the original strain.

Dr. Ezike, how has your department responded to the challenges from the onset of the Delta variant?

Dr. EZIKE. So, we obviously had a heads-up because we saw the information coming from around the world, and so we knew that this virus will find its way, this variant will find its way to us. So, we continued the messaging. Masking became another important tool on top of the vaccination, and just trying to spread through our community Ambassadors as well the information that this was a different virus. I kept using the line you are talking about COVID-

19; we are dealing with COVID-21 right now. So, you have to understand that this virus has changed. It has newer properties, and they are not properties that work in our favor, and that is why we had to go back to the masking for all, and that is why we had to double our efforts for vaccination, understanding that this vaccine, we are fortunate that it also still offered protection even against this new variant and that the sooner we got as many people vaccinated—and, of course, we know this is a global issue in terms of vaccination—the sooner we would be able to slow the continued mutation and development of new variants.

Mr. FOSTER. So it may, in fact, be Aaron Rodgers who is that one-in-a-billion person who incubates through his selfish decisions, incubates a new variant that could put billions of people at risk.

Ms. LIGHTFOOT. I would be happy to talk about Aaron Rodgers all day long.

[Laughter.]

Mr. FOSTER. Really? OK.

[Laughter.]

Mr. FOSTER. That is a little bit outside—let's leave Chicago for a moment here.

Illinois has worked hard to increase the vaccine uptake, and to do so equitably. Earlier this year Illinois Governor Pritzker launched a \$10 million campaign to tackle vaccine hesitancy and spread awareness about coronavirus vaccines, and although more than 77 percent of Illinoisans over the age of 12 have now received at least one dose of the vaccine, vaccination rates are lagging behind in some parts of the state, and particularly the rural areas. This is not unique to Illinois. We are seeing it across the country. A recent study found that close to 40 percent of rural respondents nationwide were not vaccinated or eager to get vaccinated, compared to almost a quarter of suburban residents and a little over 20 percent of urban residents.

Dr. Ezike, how will the low vaccination rates in rural areas make your job difficult throughout the state?

Dr. EZIKE. Well, we have already seen the effects of the low vaccination as we have come off of this Delta surge. The area that was hit the hardest was the region that was the least vaccinated. We got to the extent in southern Illinois where there are literally no more ICU beds—not for COVID patients but for any patient. We were interfacing with our Federal VA partners, begging for beds that we could transfer patients to. We were asking hospital partners in other parts of the state to please allow us to transport patients.

So, we have already seen the effects of the low vaccination rates. In fact, when we looked at where we had limited ICU capacity, it matched in order—1, 2, 3—in terms of lowest vaccinated regions were the areas that had the lowest amount of beds and the highest rates, case rates of COVID.

Mr. FOSTER. This is a tragedy. Are there any states you are aware of that have been more successful at getting their rural populations vaccinated, any success stories at all, or is this just a problem with where rural areas get their information from?

Dr. EZIKE. It has been a very consistent problem, unfortunately. When I talk with my colleagues around the country that have simi-

lar rural populations, part of it is the demographic, some of it is politics. We know that everything is political, but it has also become, unfortunately, partisan, and that has made some people make a decision against the vaccine.

Even as people have seen family members become ill themselves, seen the head of their nursing department die, we have not seen people around them say, oh, I guess I need to get the vaccine. So, we continue to work with our partners. We hope that every day more and more people will make the choice, especially as we are talking about third doses for people. Those who haven't gotten their first are way behind, and it is still not too late to get started on the effort.

Mr. FOSTER. Thank you.

It appears my time has expired. I will yield back.

Mr. KRISHNAMOORTHY. Well, thank you so much, Mayor Lightfoot and Director Ezike. Thank you for your testimony.

Panel 1 is now concluded and you are both—I was told here to use the word “released.”

[Laughter.]

Mr. KRISHNAMOORTHY. I will just say free to depart. So, thank you so much again for your wonderful testimony. Thank you.

Ms. LIGHTFOOT. Thank you.

Dr. EZIKE. Thank you.

Mr. FOSTER. Thank you very much for everything you do every day.

Dr. EZIKE. Thank you, sir.

Ms. LIGHTFOOT. Thank you.

Mr. KRISHNAMOORTHY. I now invite the witnesses on our second panel to approach the witness table.

[Pause.]

Mr. KRISHNAMOORTHY. OK. We are joined today by five witnesses for our second panel.

Dr. Helene Gayle is the President and CEO of The Chicago Community Trust.

Dr. Omar Khan serves as the Co-Chair of the Muslim Community Center's Health and Awareness Committee.

Ms. Martha Martinez is the Supervisor of the Pandemic Health Navigator Program at the Gail Borden Public Library District in Elgin.

Mr. Don Abram is a Program Coordinator at Interfaith Youth Core.

And Mr. Ben O'Donnell is an Ironman athlete and coronavirus survivor.

Thank you all for being with us today. I will begin by swearing in the witnesses.

If you could please rise and raise your right hand?

[Witnesses sworn.]

Mr. KRISHNAMOORTHY. Let the record show that the witnesses all answered in the affirmative.

You may be seated.

Thank you again for joining us.

I should mention that the microphones are sensitive, but please speak directly into them.

Without objection, your written statements will be made part of the record today.

With that, Dr. Gayle, you are now recognized to provide your testimony, and you have five minutes.

**STATEMENT OF HELENE D. GAYLE, M.D., PRESIDENT AND CEO,  
THE CHICAGO COMMUNITY TRUST**

Dr. GAYLE. Great. Thank you so much. I would really like to thank you and Representative Foster, as well as Representative Clyburn and the other members of the subcommittee, for holding this field hearing.

This year the Chicago Community Trust partnered with the Rockefeller Foundation and local partners to develop the Chicagoland Vaccine Partnership, so I am going to focus most of my comments around this partnership. This work is coordinated with the work that you heard from our public sector, and in that vein I want to say how grateful we are to have public-sector leaders like the ones that you heard from who have done so much to protect the health and well-being of our most vulnerable residents and communities. They have had to make some tough choices in order to keep us all safe and healthy, and to make sure that equity was at the center of this response.

However, still, although vaccines are widely available and effective, many Chicagoans, as you heard, particularly Black and Latinx residents, remain unvaccinated. That is why we launched the Chicagoland Vaccine Partnership, which is a collaboration of more than 170 organizations dedicated to building a healthy and resilient Chicagoland.

The Partnership recently made over a million dollars in grants to community-based organizations who could get the people that they work with every day vaccinated. These grants supported a diverse range of organizations that are deeply rooted in their communities, organizations like food pantries, churches, youth boxing programs, and violence prevention organizations, organizations that are not often thought about as part of the public health response.

The program has developed things like speakers bureaus and an ambassador program to help develop the knowledge base among trusted messengers. We have hosted convenings with public health departments and community leaders to answer community members' questions. We have begun a program to help community members gain access to public health careers. And now, with the vaccines that we have talked about being available for those who are 5 to 11 years old, we have declared November a month of action to educate families about vaccines and promote vaccinations for all.

Despite these efforts, we know that disparities in vaccine rates persist. To better understand why, we worked with the research group Mathematica to conduct a survey to talk to people in our communities and hear what they had to say about the COVID vaccine. Data from the first wave of this survey have had some revealing insights.

First, most vaccinated responders listed doctors, health care providers, scientists, and the CDC as the most trusted source of information about the COVID vaccine, and most of these who were vac-

inated were motivated to get vaccinated to prevent death and serious illness within themselves, but also to protect their households and family members.

But for unvaccinated respondents, lack of trust stood out as the largest issue. While nearly everyone knew where to go to get a vaccine and how to schedule an appointment, most of the unvaccinated recipients wanted more time to wait and see if the vaccine worked, and many believed it was developed too quickly. They also worried about getting sick or experiencing side effects, and only about a quarter agreed that the vaccine was safe or effective.

The unvaccinated did not trust vaccine information from sources like the CDC, scientists, religious leaders, news media, or government officials. Only seven percent reported trusting Federal Government officials. Only four percent reported trusting state and local officials.

In communities of color, and for Black Americans in particular, we understand why there is that hesitancy, and Dr. Ezike referred to generations of discrimination in medical research and practices that have caused harm and distrust. So, we understand why some of this longstanding hesitancy and distrust exists. We also know that there are language and technical barriers to accessing vaccines in Black and brown communities.

It is clear that we need more than brochures, public service announcements, and financial incentives. But equally important, we know that we need trusted messengers, one-to-one conversations, and persistence in education and empowering hard-to-reach and skeptical populations. We need to ensure that issues like childcare and paid leave are addressed so that people can get the vaccine and deal with any potential side effects. And we have to develop easy-to-understand messages that describe how the vaccine testing and production process was safely compressed into a shorter timeframe while still validating and supporting people who do want and need more time.

There is no silver bullet for building trust and overcoming the obstacles that are faced in communities with lower vaccine rates. We need to meet people where they are and build solutions that meet their needs. We believe this vaccine partnership can serve as a model to be scaled and replicated more broadly and be an important bridge to building trust in communities beyond this crisis.

At the Chicago Community Trust, we have made closing the racial and ethnic wealth gap our highest priority. We cannot have a thriving economy on the household, community, or regional level if we don't do all we can within our reach to prevent further harm from the COVID-19 pandemic. Ensuring the equitable uptake of the COVID-19 vaccine is key to achieving it. It is both the prudent public health response and a critical first step toward a just and inclusive economic recovery.

Thank you.

Mr. KRISHNAMOORTHY. Thank you, Dr. Gayle.

Now I would like to recognize Dr. Khan for your five minutes of testimony.

**STATEMENT OF OMAR KHAN, M.D., CO-CHAIR, MUSLIM COMMUNITY CENTER'S CENTER'S HEALTH AND AWARENESS COMMITTEE**

Dr. KHAN. Thank you. I would like to thank Representative Krishnamoorthi and Representative Foster, again, for your time and inviting us here to speak with you all and share in our experiences on the ground at a hyperlocal level, as Representative Krishnamoorthi had mentioned.

COVID has been an international devastation, and many local communities have had to step up to disseminate complex information and provide accurate and up-to-date statistics from reliable and credible resources. It has been a challenge for many, including our own communities at the Muslim Community Center and The Douglas Center. I am the Co-Chair of the Health and Awareness Committee at the Muslim Community Center, or also referred to as MCC, which has locations in the northern Chicago suburbs, as well as a location in the city of Chicago. These locations include mosques, schools, and, at the core, community centers.

I am also the Director of Health and Wellness, Administration, and Development at The Douglas Center, which is located in Skokie, Illinois. The Douglas Center provides community day services for adults with intellectual and developmental disabilities. Both organizations play key roles in many people's lives, and both organizations had to unfortunately close their doors to their patrons at some point during COVID.

Challenges have been faced within numerous communities in regards to comprehension of information, sources of information, and hesitancy. Many have expressed concern of side effects, long-term effects, and the speed in which vaccines were developed. Unique challenges that we have identified within the two organizations that I work with are language barriers, cultural sensitivities, faith-based concerns, and with the special needs population sensory challenges when it comes to face masks, adhering to hygiene guidelines, and comorbidities and chronic illnesses.

In both organizations we have built relationships with local, state, and national-level clinical personnel and entities that are credible and have been providing ongoing information and guidance that we have then relayed in relevant and consumable manners for the given communities. We have had numerous successes over time as we have catered to the needs of the various communities, some of which include immigrant and refugee populations. The unique challenges we have identified with those communities in particular have been trust, language barriers, literacy challenges, and cultural nuances.

The greater successes for both organizations include COVID vaccines for qualifying children and adults through MCC has been an estimated 2,000 patrons and community members. At The Douglas Center, an estimated 98 percent of our participants, again that are individuals with special needs, have been fully vaccinated against COVID.

We aim to continue in providing support for our community members through information, conversations, and actions. Thank you again.

Mr. KRISHNAMOORTHY. Thank you, Dr. Khan.

Ms. Martinez, I now recognize you for five minutes of testimony.

**STATEMENT OF MARTHA MARTINEZ, MANAGER, PANDEMIC HEALTH NAVIGATOR PROGRAM (GAIL BORDEN PUBLIC LIBRARY DISTRICT)**

Ms. MARTINEZ. OK. Good afternoon and thank you for the invitation to both of you for today.

I supervise the Elgin Area Pandemic Assistance Team at the Gail Borden Library in downtown Elgin. My team consists of four community health workers: Anamaria Mora, Chas Sirridge, Luz Purcell, and Sue Tuominen. We are part of the Illinois Pandemic Health Navigator Program that is funded through a grant by the Illinois Department of Public Health and administered by the Illinois Public Health Association.

We are charged with helping those that have been impacted by COVID, specifically the underserved. That might be the elderly or others that lack access to the Internet, a computer, or a smart device. We work in a very diverse community in Elgin, with significant brown populations. Clients are relieved when they are able to come in and speak to us in Spanish. We also serve the houseless community that visits the library regularly. All of the above are residents that are in need of assistance.

We partner with the local health department to work with COVID-positive patients who may need services while they are under quarantine. We provide food deliveries, disinfectants, diapers, and we have even delivered dog food.

We can be reached in several ways. We have a published number for all to call us. We have an email address and a web page. We also staff a table in the library lobby for those that prefer to walk in and speak to someone directly. Many are looking for financial assistance, and we help to connect them with other community-based organizations that have funding for such requests.

Early in the year when vaccine appointments were hard to come by, we assisted in scheduling hundreds of appointments. As the vaccine requests dwindled, we moved to outreach work by participating in local community events and making our community aware of our services. We have also hosted many vaccine clinics at the library, and we will be hosting one this Saturday with DNA Healthcare, and we will be offering the boosters as well as the new children's vaccine.

We have helped with lost vaccine cards. We have answered questions about the vaccine, and now the boosters. Our availability via multiple channels has allowed us to keep up with the pulse of the community, both vaccinated and unvaccinated.

Gail Borden Library is a trusted entity in our community. People know to come there when they need help, and the staff is great at providing that assistance. Our pandemic team fell right into place here. We take a nonjudgmental approach with our clients and try to match them with the services that they need.

Through familiarity with our daily presence, we too have become trusted advisors in the community. We continue to promote vaccination in a respectful, non-confrontational manner. We have had many clients stop by to thank us for our help.

I would like to share some experiences.

We helped an 85-year-old man living by himself who was looking for a COVID test. Most appointments are done online, and he didn't know how to use a computer or a smart phone. We made the appointment for him close to home. He didn't use email, but he told us that he could access texting. We took a picture of his ticket and sent it to him. He was incredibly thankful for the assistance. While that was simple for us, it was challenging for him.

Another case we had was a family of eight that came to us in the 11th hour. They were desperate because they were facing an eviction notice that very same week. We worked closely with them to secure funding and to get them back on track with their rental payments. They too were happy to be able to stay in their home.

Our team members have literally driven through tornadic winds to deliver medications. They have brought victims of abuse to the local crisis center. They have secured temporary shelter for a client whose utilities were turned off amid a heat wave. They have delivered food to families with empty cupboards, and they were welcomed by children peering through the window whose faces lit up when they caught a glimpse of the ice cream bars at the top of their delivery.

We know we have helped many people negatively impacted by COVID. We hope to continue with this work. We hope that we continue to be funded for this work. Special thanks to Denise Raleigh and her wonderful team at the library, for they have supported us throughout this project. Thank you.

Mr. KRISHNAMOORTHY. Thank you, Ms. Martinez.

Mr. Abram, you are now recognized for five minutes of testimony.

**STATEMENT OF DON ABRAM, PROGRAM MANAGER, INTER-FAITH YOUTH CORE; BEN O'DONNELLO'DONNELL, CORONAVIRUS SURVIVOR**

Mr. ABRAM. Good afternoon. Thank you for the opportunity to share my own lived and professional experiences with this committee, and for the opportunity to highlight the indispensable role that faith-based communities occupy in the local response to the ongoing COVID-19 pandemic. My name is Don Abram and I am a Black queer minister from the south side of Chicago. As a spiritual son of the Black church and a native of the far south side Roseland neighborhood, the role of faith is central to my own story.

I grew up in a hand-clapping, toe-tapping Black church only minutes from my childhood home. Throughout my life, the church has served as a spiritual refugee in times of trouble and as a resource in the midst of material and financial need. In moments of both crisis and celebration, the church has proved itself to be a trustworthy, reliable, and present help to my family, my community, and I.

While the particularities of my story are unique, the powerful role of faith-based communities in the lives of everyday Americans is not. Across the city of Chicago and this country, mosques, churches, synagogues, and temples are more than houses of worship. They act as community hubs, daycare centers, food banks, and even access points for affordable housing, critical social services, and quality health care. This is especially true for low-income communities of color.



The robust safety net created by faith-inspired organizations often cultivates pathways by which marginalized communities can access life-saving resources. This is most salient in the case of the faith-based response to the COVID-19 pandemic, especially in marginalized communities wherein marginalized communities suffer disproportionately. I have seen the role that faith-based communities occupy as a program manager at Interfaith Youth Core. I have seen it up close and personal. Early on in the pandemic, as the need for vaccine education, literacy, and access ballooned, IFYC equipped Chicago-based faith leaders with the tools to launch vaccine education events and vaccine clinics in communities that needed it the most. Rabbis, preachers, imams, and spiritual teachers, from various faith traditions, came together to share best practices and to equip themselves to be vaccine Ambassadors.

Partnering with medical experts, IFYC offered a six-month training program that enabled faith-based communities to maximize their impact on the ground. Leveraging decades-long relationships within their communities, faith leaders became instant trusted messengers, educating their parishioners on the efficacy of the vaccine and assuaging legitimate concerns with fact-based information. Coupling community events like block club parties and Sunday services with vaccine clinics, faith leaders were able to increase vaccination rates in their communities and ultimately helped to save lives.

As we consider effective strategies to increase vaccine uptick in the near-and long-term future, the role of faith-based leaders must be centered. Investing in a vibrant ecosystem of proximate faith leaders, in the city and across the country, will ensure that our response to the ongoing pandemic is culturally competent, contextually rooted, and grassroots focused. Over and over again, faith leaders have been proven to be effective bridge builders between local communities and health care providers, ensuring a more equitable distribution of vaccine education and vaccines themselves.

While we celebrate the progress made on vaccine adoption, particularly in marginalized communities, the need for education and the dismantling of access barriers to vaccines remains a persistent challenge. As I see it, faith leaders are best poised to craft community-based solutions and outreach strategies that target those hardest to reach. Sensitive to the particular and niche needs of their community, faith leaders are equipped to meet people where they are, and to address on-the-ground barriers to vaccine adoption.

In my capacity as a Black minister on the south side and as a faith-based organizer, I am confident in saying that faith communities are critical to us defeating the spread of COVID-19 and to us healing from the loss of friends and loved ones. It is incumbent upon us that we resource, amplify, and coordinate with faith communities across lines of difference to further our progress on vaccine uptick.

I would like to thank the committee for your time and for the consideration of my testimony. God bless you and all of those on the front lines of the ongoing pandemic.

Mr. KRISHNAMOORTHY. Thank you, Mr. Abram.

I would like to now recognize Mr. O'Donnell for your five minutes of testimony.

**STATEMENT OF BEN O'DONNELL, CORONAVIRUS SURVIVOR**

Mr. O'Donnell. Thank you. I would like to thank the committee members for the invitation to this hearing today. To be able to tell part of my story to keep others safe is an honor. This pandemic and virus are still affecting so many people, and if my story and ideas can help others, I am more than happy to provide that.

My story starts in February 2020. I had a two-day physical at the Mayo Clinic to ensure I was in good health before I started my intensive training for my next Ironman, my second Ironman Triathlon. Five days later, I went on a business trip where I contracted COVID-19. I started showing symptoms on February 29. On that day there were less than 1,000 reported cases reported in the United States. I was admitted to the hospital on March 9 and spent the next 28 days in the ICU before being discharged, and over half of those days were on a ventilator. I was the first critical case in the state of Minnesota, and I was only 38 years old.

There are multiple reasons that I have the opportunity to be here today. One of those is privilege. I was able to be treated at one of the top ECMO centers in the world at M Health Fairview at the University of Minnesota. I was privileged to be the only COVID-19 patient in the entire hospital for that first week and that all of their resources were dedicated to keeping me alive. I had the privilege to have a wife who is a Ph.D. chemist who could have data-driven discussions with the entire health care staff on what treatments they might try for me. I had the privilege to have a care team that was willing to take chances and experiment. I was also privileged to have a body strong enough to survive while they were trying to see what could be done. And I was also extremely privileged to have insurance and a job with disability pay so I was not affected financially. I did not lose my home, I did not lose any income due to this, and I know that I speak from a place of privilege when I say these words.

That is the first theme of my story. It is privilege.

The other main theme of my story is science. When I was put on ECMO or ECMO life support, it was thought that ECMO would not work for the treatment of COVID-19. However, my doctors felt that it was my only shot at survival. There was no known treatment for COVID-19 yet, so my care team searched the literature and found the best treatments that they could at that time. If my family or doctors waited until there was something 100 percent effective, I would not be here today. As it is, I was the first person in North America to be put on ECMO while suffering from COVID and survive. Now there have been thousands. Also, I was able to recover and complete another Ironman Triathlon last May.

I could spend long minutes talking about the primal fear I had when my intubation tube was blocked and needed to be removed and deprived me of oxygen for minutes before it was put back in. I could talk about the hallucinations while sedated that two years later are still crystal clear in my memory and probably will be forever. But fear will not help us in this situation. Fear will not help us to get people to get vaccinated. We cannot use it as a tactic to persuade people that vaccination is necessary.

What we need is proper discourse without fear. We need to address people's concerns with the vaccine, not their decision. We

need to enter these conversations with empathy and not judgment. We should not judge people for the decision they made, but rather challenge how they came to that decision. There are many reasons for the decisions that have been made. There are those that cannot afford to take the time away from work to get vaccinated or to deal with the side effects, should they have any. When the consequence of vaccination means not being able to pay rent or mortgage or put food on your family's table, the decision is no longer a simple science and fact-based decision. These are the impossible decisions. When we bring empathy to the table, we discuss the barriers and how to overcome them. Some of these barriers have nothing to do with hesitation but rather ability. We need a way to combat this lack of privilege. Once we do that, we can discuss the next steps. And to me, the next step, which has been my message since my experience, is to follow the science.

We have plenty of information and misinformation. We have plenty of people blaming or pointing fingers at others in order to get their point across. The one phrase we throw around too much is to "do your own research." This is dangerous. My background is that of a scientist. I have a Master's degree in Organic Chemistry from the University of Notre Dame. I know science and research very well. I spent the first decade of my career developing in-vitro diagnostic tests. I even helped a colleague develop one of the tests, IL-6, that helped identify the cytokine storm that saved my life. I have spent my entire career in science, but I am not a COVID-19 expert. I have no qualifications to do any research on this topic, and I have no capability to do my own research.

One thing my background does allow me to do is read and understand the research and to put it into a translatable format for a general audience. Too often, a single line or a research article is taken out of context and used to declare the entire article or research study really meant something contrary to its findings. The world has a large number of people that are creating and sharing misinformation. What we don't have is enough people who are translating the research in full so that it can be consumed by the general population.

In order to combat vaccine hesitancy, we cannot push the science. We need to bring empathy to the discussion to determine a way to allow everyone to follow the science.

Thank you.

Mr. KRISHNAMOORTHY. Thank you, Mr. O'Donnell.

I now recognize myself for five minutes of questions.

Dr. Gayle, you have made a tremendous number of investments during the pandemic. What would you say was the investment with the highest ROI, so to speak, especially with regard to vaccinations?

Dr. GAYLE. Yes. Well, I think this panel has spoken very eloquently to the investment in community-based efforts, and I think if I were to say where we could scale up and do more, it is in these kinds of efforts where people—again, going back to the survey that I talked about, the unvaccinated, the issue of trust is the biggest barrier. It is not anymore the access, it is not anymore the knowledge of where to get vaccinated. It really is this issue of trust. And so I think it is by investing in people who know their communities

both within the health system, public health messengers, community-based care providers, but also organizations that help people when they are not just focused on COVID, these are the organizations that have stood with these populations throughout, and these are the organizations that they trust.

We talked about the role of faith institutions, for instance. We are involved with, as I mentioned, food pantries, other kinds of community-based organizations. These are the organizations that people trust. They know how to speak in ways that resonate for those populations. And I think the biggest thing is we have to realize that there is no one magic bullet and that building trust takes time. But building trust is built on meeting people where they are and making sure that we are also thinking about the broader ways in which their health, their households are affected, and being able to give them a sense that they are cared about in a holistic way I think is why these community-based efforts have made such a big difference.

Mr. KRISHNAMOORTHY. Got it.

Mr. ABRAM, is there something that we have learned in talking to people about taking the COVID vaccine that could be applicable in any other area where we have trouble communicating, whether it is violence prevention or any other thing? I am just curious.

Mr. ABRAM. I think so, and at the heart of what it is that we have done at IFYC is hold space for concerns and to approach the conversation with humility, recognizing that community members and those who work and live alongside them know more about the barriers that exist, know more about the particularities of concerns that come up in the community, and this is something that can be translated across issues, making sure that we create infrastructures wherein community can provide feedback to those who have resources, and we can, in real time, pivot and adjust as needed, because we created space for community partners to really show up and ask questions that they need answered.

Mr. KRISHNAMOORTHY. Got it.

Ms. Martinez, I am always impressed by Gail Borden Library. It is really a gem in terms of our library system. I am curious, in your outreach to people, have they also become more attached to the library because of your efforts with regard to getting them to take the vaccine and doing other things with the pandemic?

Ms. MARTINEZ. I believe so, because many of the people, especially early on, when people were on the fence about taking or not taking the vaccine, I think just through seeing us there day in and day out, we I think inspired some confidence in them. We would have discussions, we would answer their questions, and I think all of that contributed to getting many more people to take the vaccine. And as I mentioned earlier, just being able to speak in a language to people also gives them a sense of relief and comfort and the ability to be able to ask all their questions and get answers.

Mr. KRISHNAMOORTHY. Yes.

Dr. Khan, is there anything unique to certain minority communities—let's just take the example of the Muslim American community—that we should be aware of in terms of vaccine confidence or the lack thereof?

Dr. KHAN. Yes. Again, when speaking to a number of the barriers that we have been able to identify, language, as was mentioned, has been an important factor. When you think about some of the conservative aspects, when we created the vaccine clinics at the mosques in the gym spaces, we were aware of some individuals who may want same-sex individuals providing the vaccine for them, creating a privacy space for some individuals who may not feel comfortable lifting up their shirts or removing their shirts, things like that.

So, we have had to identify those and address those.

Again, there are the faith-based concerns, is this something permissible within our faith to get, what was used to make this, were there animal byproducts that were used, things like that. We have had to have conversations with religious leaders in collaboration with health care professionals to help disseminate some of that information.

So, it has been very important to identify, again, some of these barriers and speak to those things in particular.

Another challenge that I have come across more recently when I spoke about refugee and immigrant populations, things like that, something that we are going to have to really work hard on is a couple of weeks ago, in having a conversation with one of the community centers that we work with, we realized that there is no particular written language for one of the communities that we work with, one of the refugee communities that we work with. How is that communication happening? It is not something that they are reading online or within social media. A lot of it is that verbal communication, the literacy issues.

So, those are things that we are trying to work on, translate that via audio, simplify the language, and make sure that people are getting the information that they need.

Mr. KRISHNAMOORTHY. Thank you.

Congressman Foster?

Mr. FOSTER. Thank you. I guess I would like to start by echoing my thanks to Ms. Martinez for everything that Gail Borden Library does in the community. I have very fond memories from representing Elgin for several years, 10 years ago now. You have been a beacon of hope and assistance for people in the Elgin community for a long time.

Ms. MARTINEZ. Thank you, sir.

Mr. FOSTER. I would like to speak a little bit about vaccine hesitancy among parents of young children. Last week we achieved a significant milestone in our Nation's fight against the coronavirus when the first coronavirus vaccine was authorized for 5-to 11-year-old children. Yet, one recent study found that only three out of 10 parents of kids between 5 and 11 plan to vaccinate their children immediately. Misinformation is a problem that can harm children even if it comes through their parents.

Dr. Gayle, is there a misconception among some parents that the coronavirus is just like the flu and that their children are unlikely to be affected?

Dr. GAYLE. Well, I think a lot of the information that came out early on that suggested that children were less likely to get sick if they got the coronavirus did make parents think that this was

a less serious issue for children, and I think that has persisted and in some ways remains a barrier. So, I think the reason why we have to not have parents' hesitancy multiplied through their children, get the information out, make it very clear why it is so important. We saw what happened to our educational system, where children were not able to have the kind of access to education as a result of this. This is such a huge, huge step forward to be able to now get children vaccinated safely and having the data to show that it is safe, that it is effective, and that it can make a huge impact on households.

One of the things parents sometimes are not taking into consideration is that the risk of their child is then transferred to them and the rest of their household. So, I think we have a lot of education to do and a lot of correcting of misinformation about the impact both at an individual level and, as we were talking about earlier, that this is not just about an individual, this is about our communities. This is about how do we protect our community more broadly than just the impact on the individual. Children have a huge role to play in that, and I think we have got to do it, and that is why we have dedicated November as vaccination month, to get this information out to parents so that they can be part of protecting whole communities while they protect their children's health, as well.

Mr. FOSTER. And this is not only an issue for young kids. Also, it is an issue in utero, because there is lots of evidence that it is very bad for the mother and the child to get COVID, and no evidence at all that the vaccine itself poses a risk to a child.

Dr. GAYLE. Pregnant women are going to have more serious consequences if they contract COVID. So, it is an incredibly important issue.

Mr. FOSTER. That is right. So, I understand that anecdotes are not data, but I would like to present one anecdote.

This is my grandson here. I became a grandfather on April 1. And my grandson, who shares my name, was born of a vaccinated mom, and he is healthy and happy. And not only that, he sleeps through the night.

[Laughter.]

Mr. FOSTER. So, maybe that is another reason to vaccinate here, get mothers to vaccinate their kids.

[Laughter.]

Mr. FOSTER. But, Mr. O'Donnell, as a scientist and a coronavirus survivor and a parent of a young daughter, you have an important perspective on this. What would you say to a parent who said that they didn't need a vaccine, didn't need to vaccinate their kids, because the coronavirus is less likely to be a big deal for the young and healthy?

Mr. O'Donnell. I was young and healthy when I caught COVID, and I ended up in the hospital for 28 days. I know that my five-year-old daughter is excited in asking when she can get vaccinated, as well. So for me, we can't get to a normal everyday life, and we never know what we have genetic predisposition-wise to know if we are going to be completely fine or if you will end up getting severe side effects, whether you are five years old or you are 50 years old. With that lack of knowledge out there, the only way we can combat

that is that we know the vaccine works, and we have to explain how it works for people and for their children.

Mr. FOSTER. Thank you.

I guess I am out of time, so I will yield back.

Mr. KRISHNAMOORTHY. Thank you, Congressman Foster.

Mr. O'Donnell, I wanted to ask you about this ECMO treatment. Tell us a little bit about that. I think for some folks—I have heard of it but I am not terribly familiar, and I think others would want to learn more about that.

Mr. O'Donnell. So, ECMO treatment is extra-corporeal membrane oxygenation. It is where they take the blood from your body and they pump it through an external machine to put oxygen back into it because my lungs were so full of fluid that they could not oxygenate my blood itself. It is a tube probably about the size of my thumb that gets inserted into your jugular to your heart to pump blood through it. All of your blood gets pumped through it about every two minutes.

Mr. KRISHNAMOORTHY. I think this is a treatment that a lot of hospitals have provided, but a lot have not, as I understand it. Go ahead.

Mr. O'Donnell. It is a very rare treatment. Right now, I have moved to Canada, and the province that I live in only has one machine or two machines in the entire province. It is a high-risk operation and procedure, and there aren't many machines globally. The U.S. has a very large number of them, but there aren't very many of them outside of major university medical centers.

Mr. KRISHNAMOORTHY. Got it.

Mr. ABRAM, what is the number-one piece of misinformation that you deal with, with regard to vaccines, that we should be aware of?

Mr. ABRAM. Based on my experience particularly with faith-based communities, one of the primary concerns is that the side effects would be really overwhelming and could even lead to unexpected illnesses or sicknesses, and that is largely rooted in a lack of education around the vaccine and messaging that suggests it is not safe or effective, which we know goes against science. So, we have been working with faith leaders to think about creative, innovative, and ongoing ways that we can reiterate the efficacy of the vaccine.

Mr. KRISHNAMOORTHY. But don't they—I guess in that situation—at this point we are reaching 75 to 80 percent of adults 12 and over who have received the first dose, so most families have at least one person. Do they not see those folks and say, OK, that person hasn't gotten sick since they got the shot? Or is that not persuasive to them?

Mr. ABRAM. It is not persuasive, and I think that is largely because of the fact that these folks also perhaps exist outside of opportunities and spaces wherein they can ask questions around the vaccine with specificity. So, getting medical experts or folks who are knowledgeable around the efficacy of the vaccine to be in conversation with them becomes critically important. In that case, household conversations are effective. But what we see is that folks aren't always equipped with the specific medical expertise or knowledge to be able to articulate the ways in which having the vaccine affects ultimately your resistance to COVID-19.

Mr. KRISHNAMOORTHY. Within the Spanish-speaking community, Ms. Martinez, who do you think are the most trusted messengers for building vaccine confidence?

Ms. MARTINEZ. Certainly primary care doctors are.

Mr. KRISHNAMOORTHY. Who speak Spanish?

Ms. MARTINEZ. Who speak Spanish, yes, and also the clinics that they visit often, because many people don't have primary care doctors. So, the local clinics where there are Spanish speakers. For us, the VNA, the Greater Health are clinics that people trust and go to. And certainly pastors are also important in either helping move this forward or in holding people back from taking the vaccine.

Mr. KRISHNAMOORTHY. Are there some pastors who hold people back?

Ms. MARTINEZ. Well, in specific, I don't know of specific ones. I have heard that there are people or pastors that have not promoted it, and I think that is just as bad as not pushing it, when you just hold back and don't talk about it, and then it seems that it is unacceptable to go ahead and get vaccinated.

Mr. KRISHNAMOORTHY. Dr. Khan, the imams, how important are they in spreading the message; and, as Ms. Martinez said, is there a concerted effort to make sure they are vaccinated and that they spread the message?

Dr. KHAN. Yes, I think those are challenges that a number of communities have faced, as well. Not all imams, a majority of imams, have a medical or health care background to understand a lot of the specifics. So, we had challenges in the beginning as well of imams being able to share that information. But that is also our responsibility, to help educate them. As time has gone on, as we have been able to have these conversations, as we are learning more, getting more data, looking at the statistics and information, we are able to educate those community leaders.

We have Friday prayers. In Friday prayers, it is the imams that stand before the entire group that is there and speak to them and provide guidance and advice and things along those lines. It is complete silence throughout the mosque while they are listening to them. So, it has been very important to have those religious leaders and faith-based leaders speak to this and assure the individuals from a faith-based perspective that it is permissible. There are, again, a number of other challenges that come after that when we talk about safety, efficacy, and things along those lines. But, yes, it has been very important for the faith-based leaders to address this head-on.

Mr. KRISHNAMOORTHY. Got it. Thank you.

Congressman Foster?

Mr. FOSTER. Thank you. I guess there is another thing that we run into from time to time that is related to the faith-based community, which is that you will be trying to convince someone to get vaccinated and at the end they say, "I will just leave it up to God."

Mr. Abram or Mr. Khan, what is the answer to that? It is my understanding that there is a strong tradition in the Abrahamic religions across the world that you are supposed to take care of yourself and it is part of what God expects from you, and yet you find people using God as a reason not to get vaccinated. What is your best answer to that?



Dr. KHAN. Yes. I think that a deeper understanding of that comes with a deeper understanding of faith. We have heard those exact phrases from a number of individuals. And when you look at actual scripture, and we speak about the Prophet Mohammad, peace be upon him, and the things that he has said and shared, you see that you are meant to care for yourself and take care of yourself and those around you. It is a responsibility of ours.

We also acknowledge and realize that we have been given the intellect and opportunity to grow from an intelligence perspective, and research has helped with that. So, we are meant to acquire knowledge. When you think about the Islamic faith, when we talk about the revelations of Islam in particular, one of the first things that you look at is we believe that the angel Gabriel had come down to the Prophet Mohammad, and the first words he said to him were "Read" or "Aqra." So, to pursue knowledge has been from the inception of the conversation of faith for us.

So, it is really important that we help those individuals who say let's leave it up to God, because there are a lot of things that we don't just leave up to God, right? We take action, and then we can leave things up to God after the fact and pray for things. But it is important that we take action in protecting ourselves, protecting our family, protecting our communities, understanding that we are all one big community and things that happen overseas will affect us here as well, right? If we think about this virus in particular and where it may have originated, people are affected across the world. So, we are one big community, and it is important that we don't just think about ourselves but those around us as well.

So, yes, it is very important that we continue to gain knowledge and then take action off of the knowledge that we attain.

Mr. FOSTER. Mr. Abram, how do you respond when you encounter that?

Mr. ABRAM. So, from within my tradition in particular, but this is across religious traditions, there is a sort of theological framework that is centered on healing and treating your neighbor as you would treat yourself. There is a moral and spiritual imperative for us to care for the other, and that often is an effective theological framework that we have seen faith leaders use to advocate vaccine uptake and education, saying we have a responsibility to care for our communities, to care for ourselves, and the way that we are able to do that in this particular instance is to ensure that we are using our God-given intellect and ability and power to be able to actually encourage the vaccine adoption.

Mr. FOSTER. Thank you. This is sort of what I mentioned in my opening statement about there is a scientific question of what is best for me, all right? And a second question that has very little to do with science, which is what is my duty to the rest of humanity, and this is crucial.

Dr. Gayle, the Chicago Community Trust and its partners have worked very hard to figure out what will motivate adults to get vaccinated, but are there any transferrable lessons on how to motivate parents and guardians of children, 5 to 11 let's say, to get their children vaccinated? Is there a difference in the messaging that is best for that?

Dr. GAYLE. No. Actually, I think a lot of the same messaging. It is just really focusing it more on tackling some of the misconceptions about the importance of getting children vaccinated. A lot of it is that this is new and parents just have not had the information that they need. I think it is really the same messages in many ways, but really tailoring them so that people can understand the scientific basis for why getting children vaccinated is important as well.

If I could just go back to your last question just for a second, just to say that one of the things that I have seen is most helpful with getting clergy to address this issue is other clergy talking to their clergy peers. When faith leaders reach out to other faith leaders, they can start turning their beliefs around, and I think it is an important strategy. We saw it work with the HIV pandemic. We are seeing it work with COVID as well.

So, I think this peer-to-peer education is important not only for faith communities but it is kind of what we are all saying here, is that peer-to-peer, talking to people who you trust is the way to really shift those beliefs.

Mr. FOSTER. Thank you.

My time is up and I yield back.

Mr. KRISHNAMOORTHY. Thank you, Congressman Foster.

First of all, I would like to thank our witnesses for testifying today and coming all the way from different parts of the Chicago area. We have really benefited from your insights and your answers to our questions.

Without objection, all members will have five legislative days within which to submit additional written questions for any of the witnesses, which will be forwarded to the witnesses for their responses.

I want to say thank you again to the audience. Thank you to everybody for covering this and for your attention to this very important challenge.

Now this hearing is adjourned.

