



## Capitol Hill Steering Committee on Pandemic Preparedness & Health Security



JOHNS HOPKINS  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

Center for  
Health Security

### **Transcript from December 9, 2020 Steering Committee Webinar: Implementation of Mass Vaccination Campaigns in a Pandemic: Challenges and Opportunities during COVID-19**

In the recent weeks there has been exciting news from the COVID-19 vaccine trials, bolstering hopes that the vaccines will bring the pandemic under control. This session focused on the implementation of mass vaccination programs. We discussed the challenges and opportunities at the local, state and national levels to maximize the effectiveness and equity of the impending COVID-19 vaccination effort.

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Andrea Lapp: Welcome to today's webinar implementation of mass vaccination campaigns and a pandemic challenges and opportunities during covert 19 or moderator. I need a Cicero will now begin

00:00:24.720 --> 00:00:32.160

Anita Cicero: Thank you. Welcome. Thank you all for joining us today for the Capitol Hill steering committee on pandemic preparedness and health security.

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Anita Cicero: My name is Anita Cicero I'm Deputy Director at Johns Hopkins Center for Health Security

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Anita Cicero: The Capitol Hill steering committee is a bipartisan effort that we formed at the center, but with the support of congressional leaders and also former administration officials.

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00:00:48.360 --> 00:00:55.290

Anita Cicero: All of whom are committed to making the country and the world more prepared for the most challenging of health security threats.

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Anita Cicero: We're very grateful that both this effort. This meeting today and our monthly meetings for the steering committee are supported by the open philanthropy project. So let's get started.

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Anita Cicero: The United States and other countries around the world are still struggling to bring the pandemic under control and concerns about the winter ahead are warranted rising case numbers and also hospitalizations in recent weeks, really underscore how much ground we have to cover

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00:01:25.260 --> 00:01:32.850

Anita Cicero: But at least they're the extraordinarily promising results of the vaccine trials so far are very encouraging.

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Anita Cicero: The US government has been a key driver in the development of these vaccines and there have been many discussions and plans underway to prepare for the rollout of the coven 19 vaccination campaign in the US.

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00:01:45.510 --> 00:01:58.080

Anita Cicero: But we are very cognizant that there are gaps and and challenges that remain. And that could disrupt an efficient and also equitable distribution distribution of vaccine.

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Anita Cicero: We're very aware that successfully protecting Americans through vaccination is a key national priority. So we are so pleased that

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Anita Cicero: Three of our steering committee honorary co chairs will be sharing remarks today on this important issue.

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Anita Cicero: Senator Richard burger senator bob Casey and Senator Cindy hide Smith, there's a vote this morning. So we, the order may change a bit but

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00:02:26.670 --> 00:02:41.520

Anita Cicero: We will hopefully have all three co chairs with us today for brief remarks, we are also joined today by four experts who I'll introduce in a bit more detail later. And that is Michael Dr. Michael Frazier, Dr.

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Anita Cicero: Dr ALA Stanford and Dr. Sarah Prozac. Each has been working on different aspects of the coven 19 vaccination effort.

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00:02:51.510 --> 00:03:00.510

Anita Cicero: We have a very full house today with over 800 people. So we're going to save questions until after the senators and all of the panelists have spoken.

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Anita Cicero: And they each have brief remarks during the webinar. All the participants are going to stay on mute. So if you do have a question, please do enter it into the chat and we'll just get to as many as we as we can.

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00:03:13.650 --> 00:03:26.880

Anita Cicero: So without further ado, it's my honor to introduce Senator Richard for our first speaker who is known for his long standing support and leadership under the pandemic and all hazards preparedness act.

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Anita Cicero: Senator Byrd is currently serving in his third term in the Senate. He serves as chair of the Senate Select Committee on Intelligence

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Anita Cicero: He also sits on the Health, Education, Labor, and Pensions Committee and the Finance Committee. So Senator Byrd, thank you so much for taking the time to speak with us today, the floor is yours.

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00:03:45.360 --> 00:03:47.940

Senator Burr: Thank you assume that my mic is live.

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00:03:48.270 --> 00:03:49.050

Anita Cicero: Can you hear this.

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00:03:49.290 --> 00:03:50.640

Anita Cicero: Yes, we can hear you. Thank you.

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00:03:51.000 --> 00:04:01.020

Senator Burr: Let me thank john hopkins for the service that they're performing when we thank the members of the steering committee and thanks to my honorary co chairs.

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00:04:01.950 --> 00:04:11.280

Senator Burr: Let me just say I think history will record. This is one of the greatest challenges the United States of America has ever faced. Today we've developed vaccines.

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Senator Burr: Testing options.

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Senator Burr: And countermeasures.

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00:04:17.310 --> 00:04:23.550

Senator Burr: at a pace. I don't think we've ever experienced. Nor did any of us ever believe we could do.

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Why

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Senator Burr: In part, I believe it's because Congress was somewhat visionary after 911 and begin to build a statutory framework to allow it to happen.

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Senator Burr: It didn't mandate it empowered individuals who were in the executive branch to make decisions without the need to come to Congress.

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00:04:51.870 --> 00:04:59.670

Senator Burr: It didn't pick winners and losers. It allowed for competition and it didn't penalize for doing something that was novel.

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Senator Burr: And I think that word is going to become more important as time goes on.

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Senator Burr: While we can't take our collective foot off the gas of covert 19

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Senator Burr: I think this is a time that we need to be reminded that it's important that we reflect today on what's working

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Senator Burr: What's not working.

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00:05:24.390 --> 00:05:27.450

Senator Burr: And what we didn't think of over the last decade.

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Senator Burr: The only way that I think the United States or the world gets a failing grade on this.

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Senator Burr: Is if we don't learn from what we're going through right now.

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00:05:39.210 --> 00:05:50.910

Senator Burr: So as your discussion today on vaccines takes place, and I apologize for all my colleagues, we've got a series of votes and we probably will miss majority of what said, but our staffers will listen

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00:05:51.750 --> 00:06:06.750

Senator Burr: I hope you'll not only think of it in the context of how we respond to. Today's challenge and how many noses. This month in January. In February, March, and when do we get to a point where it begins to affect the herd in a way that's positive.

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00:06:08.160 --> 00:06:11.190

Senator Burr: But more importantly, what's the takeaway from this for the

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Michael Fraser: next pandemic that we're faced with

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Senator Burr: What is it that we as a country need to have structured in the architecture, so that this is even more seamless in the future. What partnerships with both private sector and government and

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Senator Burr: philanthropic organizations should be set up now so that we understand what the lanes of the highway are and everybody knows how to plug in, in the future.

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Senator Burr: So again, my concern is with the day but I will always stay focused on what it is we need to do tomorrow to be better prepared and just this seminar is proof that that needs to be done. I thank all of you for your contribution to this. Thank you over.

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00:06:55.950 --> 00:07:05.970

Anita Cicero: Thank you so much, Senator. Very well, said, and you really underscore the importance of the purpose of the steering committee to continue to talk about these issues.

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00:07:06.270 --> 00:07:16.830

Anita Cicero: Not only in the middle of the pandemic, but really looking for future solutions ahead as we rebuild. So thank you again for joining us. Thank you.

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Anita Cicero: While we wait for our other senator leaders to come and speak to the group. Let me turn now to our first panelist, and I'm very pleased to introduce to you.

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Anita Cicero: Dr. Michael Frazier, Dr. Frasier is the CEO of the Association of State and Territorial Health Officials ASCO as you many of you know as the national nonprofit organization.



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00:07:42.390 --> 00:07:53.580

Anita Cicero: That represents public health agencies in the United States, the US territories, the District of Columbia and also over 100,000 public health professionals who are employed by those agencies.

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Anita Cicero: Dr. Frasier is a leader in the healthcare and public health fields and has experienced leading both public health associations and medical societies. Thank you for joining us Dr. Frasier.

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Michael Fraser: They need it. Thanks for the invite. And a special thanks to all your staff that are putting together a great event today. We appreciate it.

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Michael Fraser: You're going to actually hear next from one of our ass though members, Dr. Z gay and Illinois, who's an active

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Michael Fraser: Member of ass though, but I want to thank all of our state and territory health leaders who've really been working nonstop since the emergence of this new virus almost a year ago, or we're on almost a year in this

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Michael Fraser: So I've been asked to speak on the greatest challenges to successful distribution administration of the covert vaccine.

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Michael Fraser: And I was also given five minutes to do that. So basically, I've been asked to do the impossible, but I'll certainly try

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Michael Fraser: You know, a huge challenge has been addressed that's developing effective vaccines and that's still in progress, but with good good success so far.

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Michael Fraser: And there are two major barriers. I won't touch on too much because I know my colleagues will address them which are specific to communicating about the safety of vaccine and

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Michael Fraser: Encouraging it's uptake among people are communities that may be vaccine hesitant and also equitable distribution of the vaccine that will be limited and supply at the outset, I won't get too much into that.

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00:09:16.560 --> 00:09:25.590

Michael Fraser: But in my work with state and territory health officials and our federal partners, you know, the biggest challenge I hear about now is still this issue of how are we going to get vaccine.

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00:09:25.950 --> 00:09:36.330

Michael Fraser: To the American public state by state, county by county block by block arm by arm in a country as large and diverse is ours, and we call this the last mile problem or

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00:09:37.140 --> 00:09:44.430

Michael Fraser: The last inch problem, which is that syringe to arm transaction and look I know folks are watching the United Kingdom right now.

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Michael Fraser: They started vaccination yesterday. Remember, they have a national health system to which pretty much everybody has access

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Michael Fraser: They have a very strong central government and centralized national public health authority.

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Michael Fraser: That coordinates administers and contract vaccine distribution uptake and centralized planning is a core part of their health system because they have this single system.

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00:10:06.090 --> 00:10:14.820

Michael Fraser: The US has multiple public and private healthcare systems that vary by state we have 59 states and territories from the Atlantic to the Pacific.

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Michael Fraser: And over over 3000 counties, all of which have a role in vaccine policy development and all have very public health authorities.

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Michael Fraser: So we have a very decentralized and privatized health system with tremendous variation, even in the same city or in the same state.

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Michael Fraser: So how you get your vaccine in our country is going to depend a great deal upon where you live.

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Michael Fraser: And ultimately, the decisions that local and state public health and elected officials are going to make in partnership with the federal government.

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Michael Fraser: With private and public health care systems, and that includes pharmacies and you'll hear from a pharmacy partner in on this panel as well.

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Michael Fraser: Successful distribution and administration of covered vaccine is going to take three things.

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Michael Fraser: In my opinion, one is a unified Concept of Operations so that every American understands how vaccines going to be deployed in their state and in their locality and how they can obtain that

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00:11:05.430 --> 00:11:18.090

Michael Fraser: Second, we need a public health workforce and public health organizational capacity to scale up now to address the massive effort needed to make a campaign of this size successful everywhere, not just in some states but everywhere.

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00:11:18.690 --> 00:11:29.130

Michael Fraser: And we need investments in modernizing our public health capacity for the future. So that efforts like this can be sustained and supported for the long term. So let me just briefly talk about the the first

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Michael Fraser: Solution. One is we need a unified local, state, federal Concept of Operations so that every American understands how vaccine is going to be deployed in their state.

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00:11:39.690 --> 00:11:43.710

Michael Fraser: And how they can obtain it regardless of where they where they live and how we get there.

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Michael Fraser: Is through close deliberative engagement between federal, state, local territorial tribal public health officials who will be needing to share information in real time about allocation.

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Michael Fraser: We need data reporting and vaccine tracking coordinated across the system. A lot of this is happening now. But these efforts, really need to be expanded.

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Michael Fraser: This deliberative pre decision engagement has not happened with many other areas of this code response testing is a good example.

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Michael Fraser: Where guidance and policy were not shared earlier was states and territories where there's still confusion about availability of testing of ancillary supplies for testing.

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Michael Fraser: And who can be tested in what state or what locality.

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Michael Fraser: There's been tremendous focus on logistics, which is only half the issue here. The other half is the actual work of what happens when that box arrived spec seen in its open and it has to be administered

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Michael Fraser: And many of the decisions about that process are made at the state level, for example, state laws requiring vaccination and who can administer the vaccine are different.

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Michael Fraser: So this is what states are working on right now. There are also very significant interstate regional issues that involve multiple states needing to plan together.

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Michael Fraser: And sharing data. For example, our capital region where we have, you know, the district Maryland and Virginia all have to consider. You know how folks move back and forth, not just

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00:13:06.930 --> 00:13:15.900

Michael Fraser: Reporting up to the federal government. Second, we need a public health workforce and agency capacity to scale up and address this massive effort.

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00:13:16.530 --> 00:13:24.720

Michael Fraser: You know, we assume that public health will be engaged in the actual delivery of vaccine after the first allocations are made to the hospitals and long term care facilities.

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00:13:25.080 --> 00:13:31.650

Michael Fraser: And engaging governmental public health agencies in this is absolutely critical to getting vaccination done quickly.

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00:13:32.100 --> 00:13:38.070

Michael Fraser: Operation warp speed has directly engaged chain drugstores and independent pharmacies will hear about that soon.

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00:13:38.790 --> 00:13:47.490

Michael Fraser: To deliver vaccine at long term care facilities, but that program is going to most likely need to be expanded. When we get to larger groups such as essential workers and then the general public.

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00:13:48.000 --> 00:13:55.530

Michael Fraser: And health departments have a history and experience with vaccine distribution we do it every year with seasonal vaccine as well as childhood immunizations.

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Michael Fraser: They're going to need the people power and the IT system upgrades to

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Michael Fraser: safely deliver vaccine in their settings, whether that's a health department or community setting that the mass fax clinic that they're setting up or a mobile clinic that their staffing

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Michael Fraser: And finally, we need sustained investment to modernize our public health capacity for the futures. You know, so these efforts can be sustained.

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00:14:17.940 --> 00:14:29.610

Michael Fraser: 10 years ago it with H1 and one 4 billion was spent by HHS on on the H1 and one response and 1.49 billion was spent to support the state and local aspects of that.

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00:14:30.090 --> 00:14:38.520

Michael Fraser: This year we spent 10 billion to develop a vaccine and to date we've invested 340 million on supporting state and local vaccine.

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00:14:38.760 --> 00:14:45.930



Michael Fraser: Vaccination response that's that's just not enough ask those put together a request for 8.4 billion that we know there's other requests out there.

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00:14:46.350 --> 00:14:57.450

Michael Fraser: But look, an investment of \$1 and American in our State and Territorial public health agencies to carry out what will be the most complicated National Vaccine effort in history to date.

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00:14:57.930 --> 00:15:04.980

Michael Fraser: Is not enough to support the public health effort needed to get this vaccine safely and efficiently delivered monitored and tracked

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Michael Fraser: So we've we've been here before 10 years ago with h one and one is the center said let's learn from that my colleague Jim bloom in stock and I wrote a piece on lessons learned from each one and one that

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00:15:16.500 --> 00:15:24.360

Michael Fraser: Just got published in this special supplement of the journal public health management practice, but almost every single policy issue identified

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Michael Fraser: And barrier identified in each one and one is relevant today, some of which we're going to talk about in this panel and others need to be addressed. Soon those include prioritization allocation authority to administer the vaccine.

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00:15:37.590 --> 00:15:41.490

Michael Fraser: Consent authority to restrict vaccination questions about mandates.

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Michael Fraser: Issues using existing immunization registries versus creating data systems adverse event tracking and public communications equitable distribution.

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00:15:50.820 --> 00:15:56.250

Michael Fraser: And engaging vaccine hesitant Americans and funding. These are all issues today. And there are issues 10 years ago.

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Michael Fraser: We are a week out from administering the first shot in the United States. And unfortunately, there are still many unresolved issues related to vaccine distribution. Fortunately, we do have time

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Michael Fraser: As this effort expands into the new year, our focus on development now needs to pivot towards distribution communication and monitoring equity and effectiveness of

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00:16:16.380 --> 00:16:31.230

Michael Fraser: The state and local vaccine vaccination process. We can do this, but a great deal more attention to an investment in our public health system is needed if we're going to achieve the outcome. We all want, which is to see an end to this pandemic. Thanks, Nate. I'll turn it back to you.

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Anita Cicero: Thank you so much, Dr. Frasier and now I'm honored to introduce our next speaker, Senator Hyde-Smith.

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Anita Cicero: Senator Hyde-Smith is serving her first term in the US Senate on behalf of Mississippi

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Anita Cicero: The senator serves on the Committee on Appropriations Committee on Agriculture nutrition and forestry, the Committee on Energy and Natural Resources and also the committee on rules and administration. Thank you very much for joining us today. Senator

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00:17:01.920 --> 00:17:17.550

Senator Hyde-Smith: Well, thank you for that kind introduction and I'm just really pleased to be here with my colleagues, Richard Burton Bob Casey. Thanks to each of you for your very important work and to John Hopkins center for the health security and helping us put all of this together.

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Senator Hyde-Smith: We have learned so much about this pandemic preparedness over the past year and that will continue in 2021, I'm sure.

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Senator Hyde-Smith: Many people have worked tirelessly to get to where we are today with two vaccines nearing approval and others in the pipeline.

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Senator Hyde-Smith: President Trump and the leaders of operation warp speed. They deserve a whole lot of credit for breaking down those barriers to speed up the development process while we continue to ensure safety.

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Senator Hyde-Smith: But getting to this point, the point where we have a safe and effective that same has been a true challenges, everyone on this zoom call knows

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Senator Hyde-Smith: And the next big challenge will be the distribution of these new vaccines. We have to get that right.

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Senator Hyde-Smith: I'm particularly concerned about how to get this vaccine to every corner of the country, especially in rural and harder to reach communities.

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Senator Hyde-Smith: And the United States Senate improving health care in rural America has been one of my top priorities and we're making strides toward that. But challenges still remain.

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Senator Hyde-Smith: Delivering the vaccine to Americans in rural areas will be difficult. Considering these areas have fewer healthcare providers less healthcare infrastructure and longer travel times

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Senator Hyde-Smith: More remote populations and less reliable internet connectivity, which is a challenge in so many areas specific aspects of the early vaccines pose challenges to one of the vaccines must be stored at almost negative 100 degrees Fahrenheit.

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Senator Hyde-Smith: There aren't many freezers capable of such low temperatures, especially in rural areas and making sure that vaccine stays at that low temperature while in transit or rural communities.

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Senator Hyde-Smith: Is another hurdle that we have to overcome. Nonetheless, providing the vaccines to these areas is absolutely imperative.

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Senator Hyde-Smith: While this pandemic might have started in big cities. It's bread rural areas and it has pushed our rural hospitals to the brink. I've been texting this morning with one of the administrators

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Senator Hyde-Smith: Over the past four years, the Trump administration has put a special focus on rural health care, and I hope that continues as we roll out the vaccine.

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Senator Hyde-Smith: I have spoken with operation warp speed leadership about this issue and I continue to urge HHS to ensure all Americans had the same access to vaccine.

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Senator Hyde-Smith: As our more urban areas, ultimately success in this like in so many things.

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Senator Hyde-Smith: Will require close coordination between the federal government and our state governments, I came to the Senate from state government. So I have a

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Senator Hyde-Smith: True special appreciation of how truly important this coordination is I've worked hand in hand with our state leaders in Mississippi throughout this pandemic.

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Senator Hyde-Smith: And that will continue as we work to ensure the vaccine is distributed in all areas of my state and our nation.

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Senator Hyde-Smith: Again, thank you for being here to discuss this important topic. None of us have ever experienced anything like this.

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00:20:44.820 --> 00:20:56.550

Senator Hyde-Smith: And thank you for what you're doing to make sure we get this right. I personally am so grateful to everyone on this call that you all had a hand in this

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00:20:57.090 --> 00:21:10.560

Senator Hyde-Smith: And obviously, there's been nothing more important in the healthcare of our nation than what we're doing right this in my time right now in my time of service so very grateful for you.

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00:21:11.190 --> 00:21:18.750

Senator Hyde-Smith: And hopefully, you know, we can work together on this for true success. Thank you so much for having me.

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00:21:19.680 --> 00:21:40.710

Anita Cicero: Thank you, Senator. And we have seen the struggles in rural America now with the pandemic and an agree that special attention needs to be paid to get this right for urban and rural areas. So thank you very much for those remarks and for joining us today and for your support of this effort.

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00:21:42.090 --> 00:21:53.160

Anita Cicero: So I will move now to introduce our next speaker, Dr. And he goes, he is he gay Dr DK is the director of the Illinois Department of Public Health.

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Anita Cicero: She's a board, board certified internist and pediatrician.

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Anita Cicero: She joined the Illinois Department of Public Health from Cook County Health where she served for 15 years promoting the organization's mission of delivering integrated health services with dignity and respect, regardless of a person's ability to pay.

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00:22:12.240 --> 00:22:13.830

Anita Cicero: I turn now to you. Thank you.

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00:22:14.700 --> 00:22:19.110

Ngozi Ezike: Good morning and thank you so much for this opportunity to take part in today's discussion. I'm honored

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Ngozi Ezike: To join the Capitol Hill steering committee. The, the honorary co chairs and as well, my fellow panelists.

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Ngozi Ezike: I'm excited to talk about some of the important initiatives that we are undertaking here in Illinois, under the leadership of Governor JB Pritzker

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Ngozi Ezike: One of the most unique aspects of Illinois is our, our urban, suburban rural fingerprints. We have 12.7 million residents. A 21% are in that

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Ngozi Ezike: Slightly known city of Chicago and Cook County, but the infrastructures which support the densely populated urban pocket of Chicago in no way resemble the systems.

147

00:22:55.500 --> 00:23:01.500

Ngozi Ezike: That support the agrarian community of Alexander County, the state's SOUTHERN MOST county a population of



148

00:23:01.860 --> 00:23:15.450

Ngozi Ezike: 8000 people six hours away from Chicago, but of course the state's public health system is charged with addressing the needs of both areas equitably and efficiently, along with the other 100 counties within Illinois

149

00:23:16.260 --> 00:23:28.740

Ngozi Ezike: So against this mosaic backdrop. We're developing a mass vaccination campaign while simultaneously operating our free community based testing sites continuing to keep Illinois as one of the most

150

00:23:29.670 --> 00:23:37.170

Ngozi Ezike: Accessible test states for testing or continuing our contact tracing efforts were launching a Copa ambassador program.

151

00:23:37.380 --> 00:23:45.000

Ngozi Ezike: To use regular everyday people in every county or the state to consistently raise awareness and spread information about the vaccine and other

152

00:23:45.450 --> 00:23:49.740

Ngozi Ezike: related information. We're also collaborating with the state's emergency medical

153

00:23:50.190 --> 00:24:00.960

Ngozi Ezike: Emergency Management Agency I EMA we're working with our local health departments private industry associations pharmacies and academic institutions.





















































































