

BOARD OF HEALTH COMMISSION
Special Meeting Minutes
February 22, 2022, 5:00 pm
Conducted Remotely

Board members present: Noel Chavez, Abigail Silva, Suzanne Feeney, Judy Carter, Wynne Lacey; Trustee liaison present: Susan Buchanan; Staff liaisons present: Theresa Chapple-McGruder, Sara Semelka, Cindy Hansen, Vanessa de la Mora, Mike Montino
Board member not present: Jennifer Fritz

Call to Order: The meeting was called to order by Chairperson Chavez at 5:00 pm.

Agenda Approval: A motion carried to approve the agenda as presented.

Public Comment: Public comments are attached at the end of these minutes.

Approval of Work Plan. Chairperson Chavez said the work plan is a guide to help us prioritize what needs to be done. The board previously reoriented the outcomes to identify issues, conduct research, and provide expertise to the director and Village board. For example, we developed a statement to the Village board to help inform them about adolescent vaping.

Dr. Silva wondered if we have data at the community level. Chairperson Chavez said it is on an as-needed basis. Part of it involves using our networks or cultivating new ones to collaborate with community organizations where we might get that information.

Dr. Feeney wondered if we want to include people experiencing mental health problems as a result of COVID. Chairperson Chavez suggested we work with the community mental health board. Dr. Feeney agreed to draft some language.

Ms. Lacey said it is frustrating for people on this call to know that our mental health needs are directly related to this meeting and mitigations and we're not addressing it. Chairperson Chavez responded that we are limited to what we can do. We can bring it to the attention of the Board of Trustees and ask how they are going to help resolve some mental health issues as a result of COVID.

A motion was made and carried to approve the 2022 Board of Health work plan. Dr. Feeney will send language about mental health and Chairperson Chavez will send the approved work plan to the Clerk's office.

Old Business:

Filling the member vacancy seat. We are required to have three health professionals, including a medical doctor, nurse, and dentist, and other members shall have a general knowledge of and interest in public health. Chairperson Chavez said it would be helpful to have a public health nurse as we try to provide good advice.

Dr. Feeney acknowledged the challenges in this environment as volunteers on an advisory committee and has concerns about the well-being of a child participating in events like this. She thinks student voices are important and would like to consider alternatives. Chairperson Chavez recommended we discuss how to incorporate youth on our next agenda. We have a number of applicants and it can be helpful for board members to ask people we know to apply.

Dr. Feeney also prefers someone with a public health background as we already have Dr. Carter as a physician, Ms. Fritz as a PA, Dr. Feeney as a PharmD, and Ms. Lacey works with individual patients. Chairperson Chavez said we can start with public health nursing at UIC. Dr. Silva said Loyola also has a public health nursing department.

Ms. Lacey suggested a chiropractor could support different viewpoints. Dr. Feeney thinks we should choose what background would be most helpful rather than choosing sides. Dr. Carter agrees someone with public health experience is the most reasonable addition. Chairperson Chavez said we can look for an applicant with a public health perspective and finish discussing next month.

IPLAN Planning. Ms. Semelka said we are working on the Community Themes and Strengths Assessment. Ms. Lacey said she felt the survey was long and the questions felt intrusive. Ms. Semelka said we will shorten the survey and focus on the public health aspects. Ms. Lacey added it didn't include how COVID policy affected people. Ms. Semelka said we will include questions about how COVID affected access to public health services. Dr. Silva suggests replacing some health status outcome questions for ones about social determinants, which are harder to achieve.

In addition to the online survey, Ms. Semelka said we should use other ways to reach underrepresented groups, including people with disabilities, youth, seniors, housing or food insecure, LGBTQ, and African Americans. We may go to facilities and events and do focus groups. We hope to complete the survey and start distributing in March. We are also developing an RFP for a consultant to help us organize and meet deadlines.

Staffing Update. Dr. Chapple said we made offers to candidates but they were not accepted. We are in immediate need of a public health nurse, farmers' market manager, and sanitarian. She asked board members to share job descriptions on job boards and in school settings. Dr. Silva will send the nursing position to her colleagues.

COVID-19 Indoor Mask Mandate. Dr. Chapple said that at our last meeting, we decided four out of five metrics would be required to remove masking in the community. We had a conversation about putting masks back on and we decided on two competing metrics, so we want to revisit that conversation. The CDC is reviewing their masking guidance, so Dr. Chapple requests that we wait and hear what the CDC says.

One metric we use is case counts. We're trying to get to moderate or less, which would be 27 in our community. We are currently at 84 cases. Case counts do not inform us of

the severity of cases and we know there is a undercounting of cases because this has always has been and because of other testing mechanisms besides official testing sites.

Another metric we use is test positivity rate of less than 5%. The availability of home tests has brought official testing down by about 90%. We have a test positivity rate of 1.2% and having other ways to get tested is making that number less reliable over time.

Other metrics are ICU availability, where we're currently at 15%, and overall hospital bed availability, where we're currently at 16%. These regional metrics help us understand the severity of COVID, though if we use them as a measure for masking, it's a little late if we get past that 20% threshold the burden that hospitals are facing.

The final metric is vaccination rate. A limitation is that we don't have good booster data, so we're using primary series data. We want a vaccination rate of 75% and we are at 80% of the entire population in Oak Park, not just those who are eligible.

Dr. Buchanan asked whether the number of case counts is on a particular day or whether it is an average over the past week. Dr. Chapple said that we are trying to get down to 27 case counts or lower and then hold that number for 14 days.

Ms. Lacey asked if Dr. Chapple knows when the CDC is going to start including natural immunity and the distinction whether people come to the hospital with or for COVID. Dr. Chapple said local health departments met with the CDC and made a case to use more than the two metrics of case counts and test positivity. We have to wait and see what the CDC does.

Dr. Chapple provided a snapshot of how another community set up their metrics. Philadelphia has four levels ranging from all clear to extreme caution. Mitigations range from no mitigations to extreme caution. They look at case counts, hospitalizations, test positivity, and how quickly cases are rising. It is written clearly and posted on their site.

Ms. Lacey said it's scary that all clear still has masks in schools and asked why. Dr. Chapple responded that they are following the CDC and AAP which requires masks in schools, as well as healthcare institutions, congregate settings, public transportation.

Dr. Chapple meets with Chicago and Cook County health department directors often. They are also looking at case counts, test positivity, hospitalization, and ICU availability, though they are looking at three of the four in order to remove masks. Cook County's goal was a 14-day decline going towards their goals. Chicago wanted to meet their goals before removing masks.

Ms. Lacey suggested we compare our rates to places that have not masked their kids. She's shocked there's no plan to ever take masks off our kids. Dr. Feeney interpreted it that the mitigations are layered on top of CDC mitigations. That is Dr. Silva's understanding as well. Dr. Feeney offered to share epidemiologic data with Ms. Lacey.

New Business:

CERT/MRC Update. Mr. Montino is the preparedness and response coordinator. Our Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) is a highly trained group of 400+ doctors, nurses, first responders, and other professionals who put in 4,467 hours of service last year, hosted dozens of testing and vaccination clinics, and vaccinated 5,000+ children. We would like to provide trainings, including basic preparedness, CERT academy, Stop the Bleed PR and first aid, ACLS for professional medical responders, general drills, amateur radio deployment, and search and rescue operations. He asked for support of the Board of Health and the community.

Public Health Education Campaigns. Ms. Semelka said we'd like to increase our communication with the community and provide education on all aspects of public health. We seek support from anyone who is interested in serving as a public health ambassador, similar to the video Dr. Chapple did last summer on masking. Ms. Semelka can share a list of special dates throughout the year related to health. Dr. Silva is interested in participating.

Open Meetings Act Training. Chairperson Chavez reminded board members to complete the training and send their certificate of completion to Clerk Waters.

Adjourn. With no further business, the meeting adjourned at 9:13 pm.

Next meeting: Tuesday, March 22, 2022, 7:30 pm

Public Comments:

Rich Fobes: Dear Dr. Chapple McGruder and the Board, it's now been 17 days that you have been unlawfully implementing COVID-19 mitigations in our schools since the February 4th TRO ruling. The TRO ruling on the TRO case since then over 700 out of 850 school districts are now mask optional in schools. Dozens of school districts who are stubborn like you, like ours are, are now in litigation proceedings. You continue to pull in the opposite direction of science, health, and well-being of the children and the law and this is unacceptable. Please let the following sentence sink in again. You have no legal authority to force children to mask in our schools. This is outlined clearly in the TRO ruling. You cannot under any circumstances circumvent the statutory due process rights of children and staff, yet you continue to do this. Please let the following sentence also sink in. There is no significant evidence that masking in schools prevents the spread of COVID-19. Please let the following sense also sink in. Healthy children are by far the lowest of the low risk population for advanced infection and symptoms from COVID-19. This is well documented public knowledge as you all know, yet you continue to punish these children, damaging them every moment of every day by forcing them to mask. This is a disgrace. I would like to thank you, however, for your conduct at the last meeting. You showed Oak Park how you operate in the COVID era. No concrete data, quote, guessing on which metrics to look at, you're ill prepared, no direction, and ignoring dozens of comments at the beginning of the meeting, almost all of which related to school mitigations. And then Dr. Chapple McGruder's comment of quote, oh sorry, I should have clarified that we were not talking about school mitigations. That ignited many angry and frustrated parents to get organized and active like me. Chicago and the state of Illinois today have officially lifted the mask mandates. What are you waiting for? Thank you.

Terry Hull [sp?]: I think one of my overarching concerns above all else is that as other local communities, particularly Chicago, which is right next door lift their mandates, you know what we kept hearing last week is that Oak Park doesn't live in isolation, you know we don't live in a bubble, we have to consider regional metrics. That being said, if the other regional areas are lifting the mask mandate, Oak Park residents are not only existing in Oak Park, right? They attend activities, they go to restaurants, they go to other places. So continuing to have a mask mandate in a town that has such close proximity to Chicago and other surrounding suburbs without a masks mandate doesn't necessarily protect all of our residents given that, again we don't all work, live, eat, and only exist in Oak Park. I'm concerned that in an effort to be progressive, we're actually being regressive because we're so far behind other communities and what the data lends itself to. We have our vaccination rate is actually higher than other surrounding communities who have lifted the mask mandate. I'm concerned that we're actually moving backwards instead of forwards. And so I would like to strongly encourage the group to consider their own argument that we, you know, that we exist in such close proximity to these communities. So I encourage you to actually take that into strong

consideration since all of the surrounding communities will now be mask optional.
Thank you.

Anonymous: Yes I'm asking to go on record. Would the Oak Park Health Department please confirm or deny if any school in Oak Park sought reconciliation and or clarification to begin removing masks, as stated in last week's meeting that no Oak Park High School asked the Oak Park health department to have masks be removed from their students? Do you confirm or deny that statement? Specifically, has anyone from the leadership of Fenwick High School in Oak Park, Illinois reached out to Dr. Chapple, who apparently is not on this meeting, to inquire when and how the masks can be removed and made a choice among the students of the private Catholic High School Fenwick? Thank you very much.

Libby Hudson: Hi, I just, I didn't realize that Dr. Chapple is not on this right now. Is she not? But my question was to her. I think somebody brought up single masking and I was just wondering why she hasn't taken time to look at the data and update the community on the efficacy of well-fitted N95 masks for the wearer, which data has shown that it is more effective than two-way cloth masking. And I can't believe that we would get this far in the pandemic without any serious look at studies and data, which would open up schools, teachers, or people anywhere in shops or anywhere they want to go in the Oak Park area that if they feel uncomfortable, they're immunocompromised, they have another issue, they can wear a well-fitted N95 mask and not worry about what anybody else has going on, which would perhaps open up the opportunity for adults in schools that are still uncomfortable being around children to be able to take their own precautions and let the kids, you know, be how they're meant to be, especially when you look at other countries, other states. The United Kingdom never masked children in schools. There should be a plethora of data to support the safety of doing so. And it's kind of disappointing that we haven't, like someone in this position hasn't had a chance to look at the data on one-way well-fitted masking versus people wearing cloth masks improperly because they're kids. So I'm not sure if she's here, so if you could pass that along I would love to know. Thank you.

Dave A: Thank you. I just wanted to note, I think as others have stated, it seems somewhat inconceivable that we would find it practical to continue a mask or vaccine mandate beyond both the city of Chicago and the rest of suburban Cook County. And I would hope that a logical decision, regardless of what other, whatever arbitrary metrics were agreed upon previously would win out. And then second with regard to masking in schools, I think we're inviting litigation, which I think will be coming if we don't make a proactive decision as the 82% of school districts have in order to go mask optional and I think that would be a huge waste of time and funds to get involved in litigation. Thank you very much.

Robin Scharpf: Hi, thank you. On Friday the 18th, parents of OPRF and District 97 schools received an email indicating and addressing that the Thursday ruling, what the results of that were, and indicated that masks would continue to be mandated. However, those schools would immediately drop any quarantining or exclusions or

isolation, whatever word you're using these days, for asymptomatic children and staff who are unvaccinated and considered a close contact. Fenwick families did not receive the same communication and after investigating that, we learned today that the village of Oak Park had no idea that the families at OPRF or District 97 had received that communication and that apparently that should not have been released. So I once again am in a position of wondering who is in charge and who is taking the time to be serious about mandates and guidances and protocols that are messing with our children's lives? It is time for people to take this seriously and put in the time and energy and seriousness that our kids deserve. Thank you.

John Metzger: Dear Board of Health, at last week's meeting there was a discussion and vote regarding what metrics should be utilized to trigger the removal and reinstatement of COVID mitigations in our community. As Dr. Chapple McGruder correctly stated, we should not pivot to poor health policy simply because other areas of the country are doing so. As much as everyone would like to be done with COVID, COVID is not done us. It is unconscionable to consider removing mitigations if community transmission rates remain high. Removing mitigations while community transmission rates are still high would allow the virus to regain a foothold within our community. And as I pointed out last week, the people most impacted by this virus are minority communities and impoverished communities, the very people we rely on every single day to make life appear as normal as possible. Let's not waste the outstanding work this board and our health department have done by giving up now. Given this, I'd like to also address the issue of Wynne Lacey being a member of this board. One of the qualifications for appointment to this board is to have a general knowledge of and interest in public health issues. She is devoutly anti-vax and anti-science. Her questions and comments are designed to muddy the dialogue and promote discord. How someone with her views was appointed to this board and how her views were not known prior to appointment raises some serious questions for our village board. Lacey should step down or be removed. She is not qualified to represent the interests of the Oak Park community. Thank you for your service.

Jenna Leving Jacobson: I understand there is increasing pressure to lift the local mascot mandates and to relax COVID mitigations. However, I encourage the Oak Park Board of Health to continue to make policy based on evidence and equity, prioritizing the health and safety of vulnerable community members. I'm grateful for the compassionate leadership of Dr. Chapple. The COVID-19 pandemic has been extremely challenging to all of us, but Dr. Chapple has had to endure racist bullying from the very community she is tirelessly serving. We must be clear-eyed about how the poor organizing against masking and other mitigations has been weaponized by white supremacist organizations and that the pressure coming from the state and national level is fueled by this agenda. I'm hoping Oak Park continues to utilize the necessary mitigation strategies that will keep our schools open and our community safe and that we focus on protecting our vulnerable neighbors when any restrictions are lifted, it is done equitably. Thank you.

Robin Kalish: Please do not give in to the people asking for our schools and community to take away masks without any metrics. As a pediatrician, it is still recommended by the AAP that we continue masks in schools right now. We need to wait until cases are low and ideally until our youngest children are able to be vaccinated. We need to focus on continuing to increase the vaccination rate, including boosters for all who are eligible in all of our schools. We need to continue to ensure our ventilation and all spaces are adequate. We need to monitor the metrics of vaccination rate, case rate, and hospitalization rate. Please do not rush to make decisions based on impatience instead of science. Thank you.

Lauren Arends: Hello, I am writing to encourage the village of Oak Park to be wise when discussing COVID mitigations. Please use both reason and emotion to take a middle path that meets the needs of our whole community. It is not time to remove all COVID mitigations, but it is also no longer necessary to continue with outdated or disproven mitigations. I hope that all of the decision makers can combine science and compassion to develop a clear plan for moving forward. Thanks.

Adam Kowalski: I demand an immediate end to all COVID-19 related restrictions and mandates in the village of Oak Park. The village has not presented clear and convincing data or facts to justify its unprecedented use of force. The stated justifications have been little more than fallacious arguments from authority. Recent studies have begun to show that all public health measures, mask mandates, school closures, vaccine mandates, etcetera, used by the village of Oak Park since March of 2020, have been ineffective at best, without even considering the significant costs of their implementation. As an example, a recently released paper by Bardosh et al. titled "The Unintended Consequences of COVID-19 Vaccine Policy: Why Mandates, Passports, and Segregated Lockdowns May Cause more Harm than Good," includes a multi-dimensional analysis of vaccine policies, which I encourage all board members to review carefully. It concludes that COVID-19 vaccine requirements violate bioethical norms and public health ethics. In addition to many other considerations, it shows that the existence of vaccine mandates eliminates the standard of informed consent that is the bedrock of all ethical medical treatment. Those that have not received the vaccine are more likely to be black, be women, and be young. I'm sure our resident white supremacists and misogynists have enjoyed the last two months of dining in restaurants with fewer black women and their families, but I consider it a grotesque violation of human and civil rights.

Ashley Goulden-Kiefer: While COVID numbers are again trending in the right direction, community transmission is still high following the largest surge of the pandemic so far. There's no guarantee that cases won't surge again or that the next variant will be less deadly than Omicron. Meanwhile, even with less virulent variants, we still have neighbors in Oak Park to whom a breakthrough COVID infection is still a substantial risk and/or who are unable to take advantage of vaccines and/or masks. I urge the board to prioritize the health and safety of vulnerable Oak Parkers over the pandemic fatigue of those for whom the risk is not as high when planning how to approach the next phase of the COVID pandemic. Vaccines work to minimize the risk of

death and severe illness for most people, but that can't be our only goal. We need to ensure that our public spaces are accessible to all, including families with children too young to mask or be vaccinated, immune compromised Oak Parkers, and those with additional risk factors, including race, age, and co-morbid conditions. Layered mitigations, which include indoor masking and improved ventilation, are still important and I encourage the board to listen. To the extent the mitigations are lifted, I'd request that the board clearly outline in advance the criteria area that would lead to them being re-imposed and provide a plan for tracking community disease prevalence, which will allow us to respond as a community before hospital bed availability and deaths begin to rise. I'm grateful to have strong leadership in the Oak Park public health department. I trust Dr. Chapple McGruder to give sound public health guidance that takes all of these factors into consideration and encourage the board to do so as well. Thank you.

Paul Clark: I appreciate the work that the Department of Public Health has done since the beginning of the pandemic almost two years ago. Since the Board of Health is an advisory committee to the department, I hope the board will advise the department to lift the indoor mask mandate in the village. It is time for individuals and families to take back more of the decision-making responsibility for their health choices, and the department can shift its focus to supporting the people in the community most at risk for short and long-term risks of COVID.

Malissa Maldonado: Dear Dr. Chapple, here is my public comment. My intent is not to fight, argue, or cause division at Oak Park. I want others in our community to hear my story before making a decision to end our indoor mask mandate in our schools. We are not each other's enemy. We have one common enemy which is COVID. I am the parent of an immunocompromised child. My child needs to take many extra precautions on a daily basis. The only normal thing she does is go to school. She is able to go to school because of the mask mandate. The science shows us that masks work not only to prevent the spread of COVID but cold and flu as well. It is too soon to take masks away indoors at our schools. Can Oak Park show the world what we're all in this together really means? Let's speak up for those who cannot, the high-risk, sick, elderly, and immunocompromised students in OP. They feel lonely, left out, left behind, forgotten, and isolated. Let's show them we care and support them. My family and I moved from Chicago to Oak Park over 20 years ago because of Oak Park's inclusiveness. When I hear talk of ending the mask mandate indoors in schools, inclusiveness is not what I'm feeling. Our community needs to be educated and informed. Often as a society we have it doesn't affect me, so why should I be concerned attitude. I have one question for these individuals. What do I say to my child? Do I say because others have mask fatigue that it is more important than keeping her safe at school? Thank you for your time.

Oak Park Community for Science and Compassion: Dear Board of Health members, we write to inform you that we shared the attached petition and below message with the village Board of Trustees. The petition asks for compassionate, equity-focused, and science-based approaches to COVID protections in Oak Park. As of 10:55 pm on Monday evening, there are 356 signatories to the petition. Several of them share their

reasons for signing including some of the reasons below. Thank you for your service and consideration. I sign this petition as the parent of a child who is too young to receive the COVID vaccine. I implore others to please continue to wear masks to protect our precious infants and toddlers. Please help me protect my son. I have two kids under four and a school-aged child in elementary school. Because of mask mandates, I feel safer sending my children to school and safer going to businesses. I hope mask mandates remain in schools at least until the most vulnerable have the opportunity to get vaccinated and boosted. Mask mandates or not, I will continue to mask to help protect my neighbors and friends, especially those who cannot get vaccinated or are immunocompromised. It is essential for everyone to do their part to keep Oak Parkers safe. But without an insistence on masking, many folks will not wear them. When that happens, chances are we will find ourselves once again facing high infection and hospitalization rates and the most vulnerable will be at greatest risk. Inclusion and public safety must be prioritized over an individual's mild discomfort and inconvenience. I want to keep everyone safe, especially those young children who still haven't been vaccinated. My son is immunocompromised and not yet eligible to be vaccinated. I want to continue to keep him safe as well as other vulnerable individuals in our community. I have multiple underlying conditions that put me at high risk for a severe COVID response. I'd commit to wearing masks in public for the next 50 years if I knew it could help save someone from death or disability. Five people died of COVID in Oak Park last week. I want to do my part to keep that number down, especially with more variants on the way. I'd rather be too cautious than too risky. I support public health measures that are both science-based and equitable in protecting our vulnerable residents. Staying smart and keeping protections in place until rates are low is the best way for all of us to feel safer. The enemy is the virus, not each other. My husband has cancer and an immune system disorder. There are still people for whom the virus is not over and they deserve our support. The vaccine does not prevent one from getting or spreading COVID.

Michael Sullivan: Good morning. My name is Mike Sullivan and I have been a resident of Oak Park for almost five years. My wife and I have three little girls and are excited to raise our family here long into the future. As it relates to the current guidelines around COVID, I have consistently been asking to understand why our community feels it necessary to have stricter guidelines than those of our neighboring communities. Examples include the requirement for masks at recess, stricter quarantine guidelines for schools, and the idea that we should be the only school district to cancel sports in the entire state. In comparison to the rest of the state, we continue to have high vaccination rates and that ignores those that have built up natural immunity as a result of having COVID. Now February 28th is one week away and we as a community are being told that we will not align with the rest of the state and with their indoor mandate. While I feel it is time to lift masks in schools, I view that as a next step and conversation for another day. Now, when our daughters swim in Elmwood Park on Thursday nights, they are able to not wear a mask, but when they go to gymnastics at the Rec Center Friday morning, a mask is required? If we stop at Whole Foods in River Forest for groceries and stop at Trader Joe's on the way home, the rules are once again different? At what point is a decision to become to support the surrounding community businesses versus

our local businesses in Oak Park? I'm sure that people will look to dine in Forest Park and Elmwood Park before patronizing a restaurant in Oak Park that still requires a mask. We are two years into the pandemic now. Our two-year-old has known nothing but this pandemic and our 10-week-old we can only hope is coming in at the end of it. We as a community have done our part to support the guidelines, but now it is the village's turn to support the ability for our families to determine how we live with COVID. We know COVID is not going anywhere. That has been made clear. Those who have decided to not be vaccinated are not going to change their minds now. Those who fight the mask mandates will continue to be vocal in their fight. People who feel safer having a mask on will continue to wear masks in those settings. To be honest, I don't see a time in the near future when I'm not wearing one on the train downtown. My request is this, don't make us different from every community that we border in Chicago, River Forest, Elmwood Park, and Berwyn. Make masks an individual decision that families can make on their own based on their comfort level. Thank you again for your willingness to read this and please know that all of the work being done is appreciated. However, the Oak Park community, it is time to work through living with COVID versus eradicating COVID completely. Thanks.

Michael Schiff: Oak Park needs to join the rest of the state and surrounding communities and remove the mask mandates. The health department recently imposed the most stringent criteria of any area in order for us to move forward. Decreased case rates to a moderate level per CDC criteria, 10 to 50 cases per 100,000 population. This would be roughly 25 for OP. We are below 90 As of 2/18. Decreased positivity rate to less than 5% for a sustained period. We are at 2%. Vaccination rates of 75% or greater, we are at 80% fully vaccinated. Regional ICU bed availability of 20% or greater. At 16%, but this number has barely moved from 14 to 16% in months. Regional hospital bed availability of 20% or greater, at/near 18%. It will be very difficult to reach the hospitalization thresholds in the weeks, months ahead. The percent of ICU beds in Chicago dedicated to COVID patients is 6%, yet that is not a factor. Why cannot the number of COVID, non-COVID hospitalization be used as a factor? One could argue that these may not even be the right metrics. Indeed, with a highly contagious and less virulent strain, I think that is indeed the situation we have now. This is why the CDC is set to release new guidelines that are much more community-based. We have been evaluating everything with a hammer, nation-based guidelines, when a scalpel specific to our community is required. As stated, Oak Park is 80% vaccinated. Communities around the nation have begun removing their mitigations without any reversal of the decline in COVID. Nearby Elmhurst removed the mandate from schools and cases continued to fall. Last month without any data to back it up, the department issued a vaccine mandate. The reasoning was that they were concerned about Oak Park becoming an oasis for the unvaccinated. By that same logic, as Oak Park is not a bubble, we will drive people into the neighboring communities. All the Takeout 25's messaging to support your local businesses will start to deteriorate as people realize that it's simply too easy to cross the street and not have to deal with these restrictions. As businesses go, people will soon follow.

John Tottleben: Dear Oak Park Board of Health, thank you for your ongoing service to our community during this challenging time. We are grateful for your leadership and expertise. I'm writing to encourage the board to use a protective, compassionate, and data-responsive approach to COVID-19 mitigation measures. Through the course of my work, I have been devastated by the impact this disease has had and remain concerned for the next stages of the pandemic. I am a cardiologist and attend the ICUs at Stroger Hospital, caring for COVID patients during the acute and long-term stages of their disease. I believe Oak Park's masks mandate should be lifted only when cases fall and hospital capacity improves. Oak Park's high vaccination rate alone is insufficient to protect all members of our community, especially unvaccinated young children, the elderly, and immunocompromised people. Mitigation measures need to be used in a layered approach, combining vaccination with masks and ample testing. If we remove masking protection too early and rely only on vaccination, we risk unnecessary disease and death. Many in our community remained vulnerable to serious illness. This pandemic is not over and the potential for another rising cases or the development of a new variant remains imminent. We have excellent tools for preventing COVID-19 spread in our community and we should use them. Thank you for your service.

Lauren Hyde: Hello, my name is Lauren Hyde and last week I sent in a public comment asking for the OPHD to align their daycare quarantine guidelines with the rest of the state. I was beyond frustrated when the response was we are not discussing daycare quarantines at this meeting. I looked forward to this meeting's agenda and I see that it is still not listed as a topic for this meeting. After listening to multiple public comments in regards to this issue, why would you not list that on tonight's agenda? That is so out of touch with the community and completely unacceptable. Why are we the only health department that has not adapted these guidelines? Why did Evanston, Cook County, DuPage all adopt them immediately? What is OP waiting for? There is no transparency, no accountability, and no discussion about a rule that is affecting the learning and development of our children and the livelihoods of their parents. Please consider updating our daycare quarantine guidelines to align with the rest of the state. There is no reason that children in OP need to be treated differently than any other children in the state. If OPHD refuses to align to updated guidance, we deserve answers on why and data to back up that reasoning.

Jeannie Curtin: What is the metric that will be the deciding factor to allow Oak Park based schools to drop the mask mandate and instead go mask optional? Thank you, Fenwick parent.

Joanna Ardell: At the Board of Health meeting on February 15th, the Board of Health voted to recommend to the village that four of the five mitigations need to be met to lift the mask mandate and that those numbers to hold or improve for two weeks before the mask mandate can be lifted. As of that meeting, Oak Park was at two of the metrics and close to two more and we could not possibly meet them by February 28th since it was less than two weeks away. Today, Chicago has announced that they will lift their mask mandate on February 28th along with the rest of the state. I'm asking the Board of

Health to follow Chicago and the rest of the state and recommend to the village that we also lift our mask mandate on February 28th. Thank you.

Concerned Oak Park resident: We need to keep Wynne Lacey on the Oak Park Health Board. She represents the minority in our community that want all mitigations to be lifted. She is also a voice for those community members that have natural immunity after contracting and recovering from COVID and don't require a COVID vaccine. Studies show that natural immunity is durable, long lasting, and even stronger than the vaccine. Why are we not recognizing natural immunity as a form of immunization? We have a community of people that cannot get the vaccine for medical reasons. Why do we continue to discriminate against this portion of the population? We have a community of people that chose not to get the COVID vaccine for religious reasons. Why do we continue to discriminate against that community as well? The Wall Street Journal "COVID-19 vaccines were deadly in rare cases. Governments are now weighing compensation," February 19th, 2022. There are risks to taking this vaccine that every family needs to weigh pros and cons for their personal medical situation. Why is there no discussion about the Great Barrington declaration written in October 2020 by three prominent doctors, Dr. Kulldorff, Dr. Bhattacharya, and Dr. Gupta. They outlined an alternative to COVID-19 strategy with special concerns about how the current COVID-19 strategies are forcing our children, the working class, and the poor to carry the heaviest burden. The response to the pandemic in many countries around the world focused on lockdowns, contact tracing, and isolation, imposes enormous unnecessary health costs on people. In the long run, it will lead to higher COVID and non-COVID mortality than the focused protection plan we call for in the declaration. It has over 925,000 signatures, of which 15,790 are medical and public health scientists and 46,732 are medical practitioners. What do these 62,522 health scientists and medical practitioners know? Why isn't our health board and community exploring this? Why are we not talking about prevention and early treatments? There is a mountain of information available that our health board chooses to ignore and only push for the COVID vaccine and discrimination of those that don't fall in line. And an article written in the Wednesday Journal by Dan Haley on January 4th, 2022, "Vax proof? Absolutely," he unfairly represents unvaccinated members of our community and calls for segregating those people from the rest of us and asserts we have no sympathy for the unvaccinated. Actually we have contempt for them and we don't want them sitting near us coughing on our popcorn at the Lake Theater.

Stephanie Harris: To the Board of Health, at the Board of Health meeting on February 15th, 2022, the Oak Park Health Department Director recognize that the current COVID surge is over. Nonetheless, the director recommended that Oak Park not follow the state of Illinois in dropping indoor mask mandates, but instead stated that we should follow outdated CDC guidance. Old CDC guidance heavily focusing on case numbers and positivity rates no longer benefits our community. Per IDPH, more than 83% of Oak Park residents are vaccinated and that does not account for natural immunity. Further, data from across the country is clear that Omicron brought a sharp departure between case counts on the one hand and severe illness on the other hand. So while case counts were extraordinarily high with Omicron, significantly that did not bring about a

similar increase in hospitalizations and deaths. We cannot ignore these data points and we cannot continue to make positivity rates and case counts our lodestar. This is particularly true when the rest of the state and the country are moving forward. Vaccination and strain on the local health care system should be our guiding light. Three years into this pandemic, with a remarkably high percentage of our local population vaccinated, merely asserting that we should follow the CDC because CDC are the experts is not adequate. Our public health leaders must be able to show us why restrictive public health measures are both necessary and effective, particularly in light of the negative consequences those measures bring. Illinois and Chicago are lifting their indoor mandates. Oak Park will be at a significant disadvantage over surrounding communities if we do not lift our indoor mask mandate as well. This will drive families and small businesses away. And given that these changes are being made all around us, we will accomplish very little, if anything at all. Oak Park should follow the state of Illinois and the city of Chicago and remove the indoor mask mandate on February 28. Thank you.

Anonymous: Dear Oak Park Health Department, my letter is stating my concern and frustration with the policies enacted by the Oak Park Health Department in regards to the COVID mandates. Today I will specifically address the vaccine mandates that are completely out of line. Our family is not vaccinated for a number of reasons. Number one, religious philosophical beliefs. We believe in healthy minds and bodies and do not want to push unknown and foreign substances into our bodies. We make a multitude of choices in our daily lives that lead us to health and vaccines are not one of them. Number two, history of not trusting the government. There is a very suspicious agenda of pushing vaccines on everyone despite the fact that they are not as effective as once thought. Our family will not be test subjects for this. You can blame that on the history of medical mistreatments on African Americans among other BIPOC. Number three, they are not safe and effective. Data and studies are showing the spike in all cause death in the past year among many other issues, autoimmune diseases, miscarriages, and the infamous rise in myocarditis that are not COVID. Only someone with common sense would look into this and see something to look into. But no, that is not accepted to the narrative of the government. If this was really about health, the Oak Park Health Board would spend money and time on education, access, and availability of fitness centers for all, healthy food, highly educated doctors, and that includes natural and holistic ways of healing, and mental health so that when residents are confronted with a disease, their body is able to fight it. I know we do not share the same beliefs as all, but isn't that what Oak Park is all about? I have lived here for 20 years and 40 years for my husband. We used to drink the Kool-Aid that this town was open and accepting. We are awake now to the hypocrisy of Oak Park's thinking. You are welcome here in a town where hate has no home here as long as you think like us. It's time to wake up. Pay attention to the science. Learn to live with COVID. We can't mask and social distance our way to zero. It is not going to happen.

Jose Cruz: Thank you for kindly accepting my comment concern. I do appreciate the opportunity to share my experience. This pandemic has wreaked havoc on all our lives. When I first moved to Oak Park years ago, it was a point of pride for me to live in a

community that engenders the liberal ideology of respecting your neighbor, no matter their color, religion, creed, sexual orientation, etcetera. It was a place where love and acceptance thrived. Unfortunately, COVID-19 happened and now I no longer recognize Oak Park. As a person of color who has lived in my skin, and needed to navigate the barriers of life, I now find yet another barrier to myself and my community. It is widely known that rates of vaccination are less in communities of color than in our white counterparts' communities. The ideology is multifactorial, but one of the reasons is that there is a distrust between governments and communities of color. Currently in Oak Park, vaccination is required if you want to eat, exercise, or even simply watch a movie. So effectively because my community is less vaccinated, there will be less people of color dining at Oak Park restaurants, running on a treadmill in Oak Park gyms, or watching a movie next to you at Oak Park theaters. I'm sure that people that are sensitive to that have already noted this phenomenon. It's simple math that results in a complicated inequity. This is what systemic racism looks like. In other words, our governing body, in this instance Oak Park Health Department, makes policies that in theory should help its community, but the result is that people of color are disproportionately affected. Communities of color have had to endure countless atrocities, like for instance, the Tuskegee study, just to name one. Some, many members of my racial community are reluctant to get vaccinated. Some may have medical reasons, other may have religious predispositions, but the end result is the same, less brown and black people will be able to fully participate in Oak Park life if these mandates are not ended. Please, I beg you, do the right thing and stop the mandates. Discontinue the vaccine passport requirement, let people exercise their freedoms, and stop the systemic segregation of our community, especially since it affects people of color most. One last thought, the term unvaccinated is misleading. Currently unvaccinated implies that an individual may not be protected. This is scientifically and unequivocally incorrect. Unvaccinated individuals may have laboratory-proven antibodies attained via previous infection. There are countless studies in many scientific journals that show that natural immunity is on par if not superior to protection attained by vaccination. In addition, scientific evidence is emerging that shows natural immunity.

Karen Thomas: It has been an eye-opening couple of years. What has happened to Oak Park? In the name of science, in the name of politics, in the name of danger, look what has come up, intolerance. We who take pride in our plurality and inclusion have become brittle, heavy handed, threatened by dissent. Witness our allegiance to one narrative that must be upheld or else. We punish. We invent consequences intended to incentivize, aka coerce. We paint the other in broad extreme strokes so we can laugh at their ignorance and feel better than. Witness the sanction mockery of the other by our media. Apparently we believe that only one point of view, our own, is correct for everybody and that our point of view must be the only way forward. Our citizenry must be compelled to follow rule of law suspended as our truth cannot withstand discussion. Questioning the narrative brings erasure. We shouldn't ask questions? This is governance by the frightened. We have lost sight of inclusion, of listening, and of the possibility of evolving. Can I sit next to someone with whom I disagree? Must I hate them? A board of health member with a minority viewpoint must be pushed out? This is

idea is popular. Have we lost our minds? Friends, truth needs no protection. Open discourse threatens nothing. Indeed, discourse is a sign of health. Many of us listening have done our research and have evolved our own ideas about what is best for us and for our children's health. Many of us are questioning your wisdom, waking up to a new autonomy that is politically homeless, to quote a friend. Let's pledge to respect each other from here forward. Let's open our ears and hearts. Let's re-enfranchise the unrepresented and hear them out. Then let's make a plan together. Blessings.