



Improving Health and Economic Equity in the New Year

In late November, GoodCitizen advisor Lowell Weiss spoke with Dr. Helene Gayle about her work as the co-chair of the National Academies of Science, Engineering, and Medicine's Committee on Equitable Allocation of Vaccine for the Novel Coronavirus as well as her foundation's leadership on closing the racial and ethnic wealth gap in the Chicago region.

Weiss: Thank you for your valuable time. Your National Academies committee concluded that the most equitable way to distribute the SARS-CoV2 vaccine is to do so in four phases, based on risk profiles. We'll include a link to the details, but it would be great if you could give us a top-line overview of each of the phases.

Gayle: We focused on four categories of risk: the risks of acquiring the infection; transmitting it; developing severe disease or death; and negative societal impact. We're recommending that those who have the most combined risks, or the greatest likelihood of these risks, should get the vaccine first. Therefore, the highest-priority group in the first phase would be frontline healthcare workers—not just doctors and nurses but also people like respiratory therapists, home health aides, and those taking care of people in nursing homes. Then, still in the first phase, the vaccine should go to EMTs and other frontline emergency workers, people who have serious illnesses that the CDC has categorized as most

connected to adverse disease outcomes, and older people in congregate settings. In the second phase, it should go to teachers and others who have important roles in society who work in high-risk settings; people in congregate settings like detention centers, prisons, and homeless shelters; and then to older adults not included in the first phase. The third phase would include young adults and children at some risk but not high risk. The fourth phase would include everybody else residing in U.S, irrespective of legal status.

Weiss: What part of this equitable-distribution plan is novel? Where did you have to depart from previous playbooks as a result of the unique characteristics of this pandemic?

Gayle: This is the first time the CDC's Social Vulnerability Index is part of an immunization plan. This plan gives priority to geographies that are high on the vulnerability scale, because these communities are getting hit hardest by this pandemic.

Weiss: Can you offer rough guesses as to when each of the four phases might begin?

Gayle: By end of this year, one or two vaccines will be approved. So the first phase should begin late this year. Then the progression through the phases will depend on how quickly vaccine manufacturing can ramp up. I believe that by end of 2021 our population will be highly vaccinated.

Weiss: What has been the reaction to your recommendations?

Gayle: We've been pleased. There's been very little pushback. I think that's because in the midst of developing the report, we did a lot of public listening. We got thousands of comments and worked hard to incorporate them into this report. I'm particularly proud of the fact that we advocated for making the vaccine free

for everyone. It's very important for equity, urgency, and impact that costs should not be a consideration for anyone.

Weiss: It must be especially difficult for you to watch how the pandemic has unfolded here in the U.S., given how much of your life you've devoted to building infrastructure for handling complex health emergencies.

Gayle: Yes. This is one of the most disheartening things I've had to watch. There's so much we could have done, so many lives we could have saved if we had true national leadership and consistency in messaging and approach. We could have done so much better. It's a sad reality that we have to face. We could have done so much better and saved so many more lives.

Weiss: What elements of the impending vaccine mobilization are keeping you up at night?

Gayle: I'm worried about vaccine hesitancy. Polls show many don't want to take a vaccine, and that's even more of an issue for communities of color. So our report makes three important recommendations to address this issue. I'm also worried about the rest of the world. We must be part of a global response. In this Administration, we saw a real pulling back from the World Health Organization, and we're not part of the global COVAX facility. We need the U.S. to show leadership again. That's important for playing defense and offense. If we're not protecting others, we can't expect that we will be protected. And the Pfizer and Moderna vaccines have had considerable U.S. investment, but suppose there are other good ones produced elsewhere. Will others provide that vaccine to us if we're not part of a global response?

Weiss: Beyond vaccine measures, what's on your mind in terms of building an equitable COVID recovery?

Gayle: In Chicago, we've launched the new Together We Rise initiative. We looked at the Great Recession of 2008 and 2009, and we saw that the communities most vulnerable coming into the recession never recovered. We don't want that to happen again. So this time, we're giving these communities a running start on recovery.

For example, there's huge unemployment in some of the service industries and hospitality, so we've launched a new initiative to look at different career and work pathways for these people, including tech jobs like cybersecurity that don't require a four-year degree. There's also a huge need for contact tracers, so we are working to build a corps of contact tracers, partly from communities hardest hit, and then help them develop other public health expertise. They'll be learning how to interview populations about sensitive health-related issues, a valuable skill that can create new career paths. We're also working with lending institutions to help small business in Black and Latinx communities, to make their lending terms more flexible. And we're encouraging larger businesses to use their dollars differently to help drive economic growth in communities of color, such as purchasing more goods and services from companies owned by people of color. Another promising area is working with big businesses to add satellite offices in communities that have had disinvestment, which can then become a magnet for attracting amenities for workers, like restaurants and grocery stores.

Weiss: What drove you to focus this chapter of your career on the Chicago Community Trust?

Gayle: When I was approached to consider this role, we had just come out of the 2016 election. People wondered about how much action could take place the national level because of deep divisions, and it became obvious that more social innovation would take place at the local level. Chicago, the third largest city in America, has the feel of all-American city. I knew if we could make a difference here, it would resonate beyond Chicago. I felt that at end of my career, which has focused so much time globally, maybe it was time for me to think about making a difference here.