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April 23, 2020

Dear Mayor Lightfoot,

As a coalition of Level 1 Trauma Centers across Chicagoland, the Chicago Committee on Trauma (CCOT) commends you for your decisive and evidence-based actions to mitigate the impact of COVID-19. We applaud your and Governor Pritzker's investment in the health of Chicago and support of our healthcare system. We have long been concerned about the effects of violence in communities we serve and the disproportionate effects experienced by our most vulnerable populations. We wish to offer a glimpse into our experience during this difficult time and offer some suggestions as to where we feel the most impact may be made.

On the surface, one might expect that the Shelter-In-Place order would decrease the incidence of violent injury in our city; unfortunately, that has not been the case. We compared the number of trauma victims treated for the three weeks before and after the Shelter-In-Place order was imposed on March 21, 2020. Overall, we were grateful to see a *20% decrease* in injured patients, especially considering we saw a *39% increase* in traumas over the same time frame in 2019. When broken down by how the injury occurred, we saw a *35% decrease* in blunt trauma (for example, motor vehicle collisions) after the Shelter-In-



Place order. This is even more dramatic considering the 37% increase in blunt trauma that we saw over the same time frame in 2019 as the weather warmed. For penetrating injuries, like gunshot wounds, however, we have seen a 42% increase during Shelter-In-Place order, outpacing the 32% increase seen in 2019. Our Trauma Centers are experiencing a significant spike in gunshot wounds and stabbings. We know from previous data that caring for victims of firearm-related injuries requires more operations, longer stays in the Intensive Care Unit, and overall protracted time in the hospital to allow for the physical wounds to begin to heal. The physical and mental tolls these injuries take last long after hospital discharge. This stress on our communities is worrisome at any time, but is particularly concerning given the sheer volume of critical resources that are needed to combat the COVID-19 pandemic. We are fighting to be able to care for all in need.

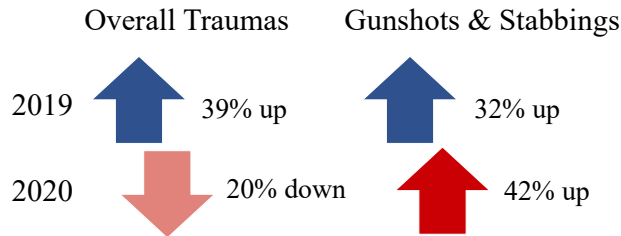


Figure: Change in injuries over same timeframe in 2019 & 2020

We have further noted that racial disparities have deepened during this time. African-American and Latinx victims of trauma have experienced only half the protective benefit from the Shelter-In-Place order compared to white victims of trauma. We have seen a 39% decrease in injuries to white victims, while only a 20% and 15% decrease in injuries to African-American and Latinx victims, respectively.

Previous data suggest that the incidence of intimate partner violence (IPV), child abuse, and elder abuse worsens in times of economic distress, the effects of which are amplified by strain on already limited resources. We know reports to domestic violence hotlines and to the police are on the rise; however, reports of sexual assault to hospital emergency rooms are down 32% in the last month according to Resilience, a Chicago based rape crisis center that partners with 17 hospitals across the city. There is great concern that victims are not seeking help out of fear of COVID-19 exposure by going to an emergency room, or they cannot seek help as they are forced to shelter-in-place with their abuser. As in-person interventions have been significantly restricted for staff safety, those who do seek help are approached by intervention teams by phone. Resilience has noted that survivors of sexual assault seem less inclined to consent to interventions over the phone compared to when approached in-person. Ultimately, meaningful interventions are not getting to survivors of sexual assault. There is reason to believe the same may be happening with children who are being abused as well, without the sanctuary and watchful eyes of schools. We know that economic stress and social isolation also lead to increases in suicide rates. With already limited



access to mental health services and loss of employer-based insurance coverage from job loss, we fear we are facing a mental health crisis. All of these stressors combined may lead to the perfect storm of trauma in Chicago.

These data reflect acute problems faced by our system. However, they bring into sharp relief the pre-existing health and social inequities that plagued our city (and other similar urban areas) before the emergence of COVID-19. They will continue to be present if bold action is not taken immediately. In the short period of time since data has been tracked on the virus, it has become clear that the incidence of infection and death has been disproportionately higher in the African-American community and in other communities in which existing health problems, disparities in health access, and economic disadvantage are present. This comes as no surprise to those of us who care for trauma patients. We have long known that social determinants of health play a role not only in the occurrence of injury and violence but also in their sequelae. Individuals, families, and communities that experience violence have been demonstrated to have poorer health outcomes. These include both physical maladies, such as chronic diseases as well as mental health issues such as post-traumatic stress symptoms, depression, and anxiety. Overlay a pandemic virus on this existing dynamic, and the effect is potentially cataclysmic. If nothing is done now, then the next disaster—be it manmade, “natural”, or infectious—will further devastate our people.

For these reasons, we support the following actions – recognizing that some of these are being addressed through your recently announced financial assistance to community organizations:

1. An immediate increase in allocation of resources to assist victims of domestic violence and sexual assault (intimate partner, elder, and child-related violence). The Sexual Assault Survivors Emergency Treatment Act authorizes only hospital emergency rooms to collect evidence after a sexual assault. Temporary expansion of public health clinics’ scope of practice could be established to provide evidence collection and medical treatment to sexual assault victims to help alleviate busy emergency rooms responding to COVID-19. This would also help to limit unnecessary exposure to survivors accessing care in emergency rooms after being sexually assaulted. A more secure environment may also allow for in-person interventions for survivors.
2. Not all homes provide a safe haven during a Shelter-In-Place order. Chicago has already been faced with a longstanding deficit of beds for domestic violence victims; this is even more notable now that victims are stuck inside with abusive partners. Chicago should work to ensure that safer places are available to survivors during this time. This could be by partnering with unused hotel entities for temporary stay or other freed-up resources of impacted businesses.
3. Ensure adequate resources are allocated by the County to support the treatment and care of persons infected with COVID-19 at the Cook County Jail. While this is a County system, it is physically located in Chicago and the City should be partnering in looking for safer housing for those with pending cases who do not pose an immediate risk of safety to their



communities. The mass incarcerated of this country are indeed a vulnerable population, sadly, with the Cook County jail system being the epicenter.

4. Educational outreach is needed to highlight the ongoing dangers of ignoring guidelines for social distancing. We need to understand how persistent violence stresses the communities and the health care system trying to treat these communities. Current efforts are directed toward the African-American communities on the South and West sides of the city. We would ask that this be expanded to include the Latinx, immigrant, and LGBTQ+ communities.
5. Once the COVID-19 situation subsides somewhat, it will be the time to act intentionally and boldly to address the social determinants of health and structural violence/racism that have made our communities more vulnerable to this and other catastrophes (including violence). Without longer-term solutions, these communities will be further impacted by future disasters. We recommend:
  - a. Increasing resources not just for law-enforcement related efforts, but also for evidence-informed school and community-based violence prevention programs
  - b. Working with both trauma centers and other hospitals in these communities to increase hospital-based violence intervention programming to decrease recidivism and to provide counseling for victims of violence and their families
  - c. Continuing and increasing public-private partnership activities to address food insecurity and lack of economic opportunities in these communities
  - d. Increasing resources for mental health services throughout the City, but especially in areas in which community violence is prevalent

Many, including your office, are diligently working to address the concerns set forth here. We wish to highlight our concerns based on what we are seeing in our trauma centers. The Chicago Committee on Trauma has long worked with the Chicagoland to promote trauma education programs, provide grant funding to community-based injury prevention programs, perform media outreach, and engage with community leaders to promote wellness in our region.

We commend and thank you for all you have done to mitigate the effects COVID-19, including housing programs for the homeless, building alternative care facilities, assisting with the expansion of testing efforts, and of course the very personal stance you have taken on #StayHome #SaveLives. We further applaud your unwavering commitment to stemming the tide of violence in our great city. Your recent grants to community organizations only solidify this further. We welcome the opportunity to work with your office to assist in these or other efforts. Now is the time to envision a better Chicago – for all of us.

Respectfully,

Chicago Committee on Trauma