My name is Joanna Tess and I am a public health practitioner and member of the Leadership of the Collaborative for Health Equity Cook County.

I want to start by reiterating why the Chicago Department of Public Health is conducting this Health Impact Assessment. They are doing so because of pressure by the U.S EPA, after months of organizing and a hunger strike by residents of the Southeast Side. This HIA process to date does not appear to be a good-faith effort by the City and the Department of Public Health to actually determine what's best for the community. At best this is performative health equity and at worst this is part of a coordinated effort to prioritize corporate interests over Chicago citizens.

The exclusion of impacted community members disregards technical standards of conducting HIAs as outlined in the HIA handbook by Human Impact Partners. That handbook is the very document the City cited in its presentation on November 4th. This neglect of recognized standards is cause for serious concern because it threatens the integrity of and trust in the HIA outcome.

In last week’s meeting, the Dept of Public Health talked about “centering environmental justice and racial equity”. Their actions tell an opposite story. In the handbook for conducting HIAs, cited by CDPH as their guiding model, under a section titled Relationship and Trust Building, it states that “[to ensure] that the HIA process is not co-opted by a particular agenda, and that the HIA results are as objective as possible”, “all groups engaged in the HIA should agree to explore and share their interests and goals in the HIA and any critical needs they have in the work at the beginning of the process.” Community members and organizations were not engaged at all prior to last week’s meeting.

The HIA handbook continues on to describe the roles of various stakeholders. The designated role of community organizations include but are not limited to participating in developing the scope of the HIA, conducting necessary data collection (e.g. in focus groups), evaluating the HIA, organizing logistics for meetings related to HIA, and more. In essence, community stakeholders are supposed to be included in every step of the HIA. The community organizations taking part in this work were not engaged prior to last Thursday’s meeting, during
which CDPH demonstrated it is already well into this HIA process. The community organizations were not included in determining the objectives of the HIA, the scope of the HIA, nor what data is required.

After neglecting to include the stakeholders whose lives are on the line, the city proceeded to present data that was either intentionally misleading, or compiled without adherence to basic data practices.

The data presented comparing East Side, South Deering, and Hegewisch to Lincoln Park and Chicago as a whole used a simplified line chart with no standard scale or axis. This is important to note because measures with drastically larger deltas were depicted the same way as ones with smaller deltas. For example, the East Side has an asthma Emergency Department visit rate of 128.3 per 100,000 when Lincoln Park has 16.7 visits per 100,000. Visually, this was depicted at the same scale as a 3% difference in asthma prevalence between south deering and Lincoln Park. This is either analytical malpractice or a blatant attempt to misleading the public.

While presenting this data, the health department also notes that differences in health care access, screening utilization, and other structural factors impact the data. However, instead of using this as another reason to deny the permit, because it is, they use it as a justification for why the differences exist.

It is important to recognize how this data is presented. And that this is a choice. The department chooses to display data in a way that downplays the scale of the discrepancies and was often justified by mentioning the inequities in access to care. The City’s own air quality data shows that the southeast side lies within the worst decile of air quality and health. Adding additional pollution will worsen present environmental racialized inequities in segregated Chicago. That alone should justify denying this permit.

I hope that Dr. Arwady of CDPH does not use this HIA as an instrument of oppression. I hope Mayor Lightfoot does not use this HIA to pursue a “particular agenda” --- other than health justice. This is a fight about environmental racism and fair housing. CHE Cook County asserts that the health of a single Black or Latinx child is more valuable than all the millions of dollars of any rich corporate polluter -- including RMG.

The COVID 19 pandemic has revealed to the general public the gross inequities that exist across race, class, geography, gender, etc. We arrived at those inequities because of intentional decision making by our government around matters like this permit. It is clear that these lessons that we should have learned in the last year and a half have not been taken to heart by Dr. Arwady and Mayor Lightfoot.

It is because of exclusionary undemocratic processes like this - where for years the city green lights putting pollution and garbage in Black and Brown neighborhoods and working class neighborhoods --- that got us to where we are in our pandemic-related health inequities.
We keep hearing that environmental justice and racial equity are priorities for the city and the health department. But we see business as usual. And, this flawed Health Impact Assessment process further proves that point. It is a move of performative empathy by the department. So far it is a coverup for true community engagement and participatory work. As a public health practitioner, it is deeply disappointing. The city and the health department are throwing Southeast Side communities under the bus, perpetuating environmental racism.

It is high time to truly follow the HIA Handbook, and fulfill the City’s duty to protect the health of all Chicagoans, no matter their wealth, neighborhood, or race.