

TJ Augustine Interview

Vice Chancellor for Innovation, University of Illinois at Chicago

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SPEAKERS

Jessie Knoles, TJ Augustine

Jessie Knoles 00:01

All right, we are recording. So, my name is Jessie Knoles, and I'm a Project research associate representing the University of Illinois Archives. Today's date is Tuesday, November 15, 2022. I am meeting over zoom to discuss the responses put in place by the University of Chicago [Jessie means UIC] during the COVID pandemic for inclusion in the University of Illinois system COVID-19 documentation project. I will let my interviewee introduce himself with his name, department, and role.

TJ Augustine 00:35

so, my name is TJ Augustine. I'm the Vice Chancellor for Innovation and oversee the Office of the Vice Chancellor for innovation and all its reporting units.

Jessie Knoles 00:45

Great, thank you. I'm going to start off with some basic questions just to understand your office. So, you are the Vice Chancellor of innovation — for innovation? Is this a position within a specific office or an office within itself?

TJ Augustine 01:00

It is an office within itself. I report to the chancellor. I'm a member of the Chancellor's cabinet. But I lead sort of that entire Vice Chancellor organization.

Jessie Knoles 01:11

Okay, great. And how many people are...

TJ Augustine 01:15

watching that? Yeah. Probably around 250 to 300, depending on where we are with hiring. Yeah.

Jessie Knoles 01:24

Wow. Okay, great.

Jessie Knoles 01:25

Well, when did COVID ni- COVID-19 pandemic first come onto your radar? And what were your initial thoughts?

TJ Augustine 01:39

It firstly, I guess it first came onto my radar around Christmas or New Years of Christmas 2019 New Year's 2020. My initial thoughts were that this was something that would probably blow past I guess like SARS, or MERS and other viruses that we've seen like this. But I very specifically remember settling in that, oh, my gosh, this is going to be different when I was watching TV probably first or second week of March and saw that the NBA was canceling its games for the foreseeable future. And we were still in the office the rest of that week. Before probably it was middle of March that we sent decided to send everybody home going forward. So that's middle of March is when it really settled in. And we realized that this was going to be a very different, very different sort of thing to deal with.

Jessie Knoles 02:43

And when did you and your colleagues begin to discuss COVID-19 response efforts?

TJ Augustine 02:50

So, we were discussing them, the Chancellor's cabinet was discussing them at least as early as I don't remember the exact date, at least as early as February, if not before and then we were starting to have conversations by early March, we were meeting about it very regularly. And then they really, you know, picked up to a sort of like it was a daily. We were having daily two-hour meetings. By mid-March, you know about the entire campuses' response.

Jessie Knoles 03:27

When you were meeting in February, what were you able to identify what we're going to be the most pressing needs at that point?

TJ Augustine 03:36

Ye- on some level? Yes. Like we had started talking about various technology systems that would be needed, if we, you know, increasingly had to be remote from the university. We were talking about a little bit like teaching online that was starting to be a conversation. But I don't think any of us fully had any idea how long the duration would be. I think we were thinking about things we would do for a few days. Right? Not extended, we thought to be a few weeks months. We had no idea. I think that the duration that we will be forced to operate an entirely different way.

Jessie Knoles 04:27

What was your primary role and responsibilities prior to the pandemic? And how did the onset of COVID-19 change those responsibilities?

TJ Augustine 04:37

So, my office handles a handful of things I talked about the units that report up to me. It includes technology solutions, which is our central IT organization, extended campus, which is our online and adult learning organization. Our corporate partnerships team so we'll probably work with companies around the student opportunities and research as part of our organization, and then also our support for entrepreneurship. For students and faculty. Those responsibilities didn't go away in any shape or form, technology, and online teaching, which are both mentioned in there, those took on an entirely new and pressing sort of set of responsibilities with the outset of the pandemic, both in terms of like making sure we had robust systems in place to allow, you know, all of our students and faculty to work remotely, in a

very short timeframe. Online Teaching, we spent the entire summer you know, preparing faculty as best as we could to create fully online courses. But the biggest thing that totally changed was responsibility for our COVID-19 testing, eventually, vaccination efforts. I can get into that more as we go along. But that was something that wasn't on my radar or anybody's radar. And for a variety of reasons, the decision was made to put me and my team in charge in charge of those efforts as we as we got into the pandemic.

Jessie Knoles 06:16

And at what point in, in the pandemic, did those discussions for the need for saliva testing happen?

TJ Augustine 06:23

Yeah, so we, the, I'll start with this, it was in mid-June, probably like June 15, give or take that we made the decision that we would do saliva testing, and that, you know, I would be in charge of that efforts. Prior to that, we were looking at a variety of options for the fall, and how we would bring people back. I think one of the important differences about UIC, that influenced things was we never fully closed that spring, because so much of our campus is focused on health, health care and health delivery system. And those people are still coming to work every day. And doing it actually pretty safely using masking and other things. And so, I think that our we didn't have testing sort of front of the front of our minds at first. But eventually, it became something that we decided we had to do in order to operate effectively.

Jessie Knoles 07:35

So mid-June, you started having conversations about the need for saliva-based testing.

TJ Augustine 07:40

That's right.

Jessie Knoles 07:42

How was the saliva testing created?

TJ Augustine 07:47

So, we, we were aware that some folks at UIUC chemists, Paul Hergenrother, and some others from the Department of Animal Science, were working on a saliva-based test that was still just something that was being looked at in a lab. When we when we learned about that. So, we decided we were interested in looking at that as well, because it wasn't approved. I mean, that what was developed there, and you know, down in Champaign, obviously turned into what's now SHIELD and has, you know, FDA approval to be used, at the time, that FDA approval wasn't in place. So, we couldn't just take the work that was going on in Champaign and translate it to UIC, no one could just do that. The way that they were going to do it at UIUC. And the way we decided to do it at UIC was to do what's called a lab developed test where basically labs, certain labs are certified to develop their own tests and use them under certain conditions without FDA approval. And it turns out that at UIC, we didn't have to go through a lot of the approval process to do that. But UIUC did, because we have a pathology lab in our hospital at UIC that already has what's called Clean Up approval. And so, they develop these tests, hundreds of them all the time for use on patients, you know, in the Hospital and Clinics. And so, this

was one more of those types of tests. So, I put together a team of folks which included a couple people from that pathology lab. That was really the first step is they spoke to the folks in Urbana and learned about what they were doing, and then set off kind of on their own to go through the process of certifying a saliva-based test. So that that took place in that summer. We also then began putting together all of the logistics that would be required to operate testing on campus which was a really enormous effort. Just for context, like we mentioned, like June 15, give or take is when we made the decision, we were up and running on testing on August 15. So, we went from basically zero to testing in 60 days, which, which was a pretty, in retrospect, kind of a crazy feat. They're the folks involved, including myself that didn't sleep a lot for those 60 days. And yeah, and it was a very interesting effort looking back, and then we had the hospital again, in the pathology lab developing the test. We had folks from, you know, transportation services on campus involved to move samples all around and transport them to the lab, we had event staff who usually are working on, you know, basketball games and other big events at the UIC forum focused on sort of setting up and running these mass testing sites, we had the IT team building, you know, a data handling system, which is a whole conversation in and of itself. So, it was a really a massive effort. And in retrospect, ending very successful, getting us able to safely open in August, to the students who were on campus that fall.

Jessie Knoles 11:22

Great. Logistically, how many sites were first implemented? And were these tests available to students and faculty? And how often were you recommending testing being taken?

TJ Augustine 11:35

Yeah. So, we, we had two sites that were open, there were very, very large testing sites, one on our East Campus, one on our west campus. They were available to all students, faculty, and staff. We had in terms of like, who was testing, that was a challenging thing for us to sort out, we were in conversations, again, with our colleagues at UIUC, where they were testing the entire campus population on a very regular basis. And had some modeling that sort of showed how that would be effective. Our challenge was that we, the modeling was being done on a community like Urbana, Champaign, which is very different. So just again, for context setting you're talking about a community of about 150,000 people, which is sort of that 150,000 people is kind of isolated, right, and the campus population probably makes up a third of that population. And so, the modeling show that if you tested that group regularly, you could have a real impact in isolating the spread of COVID-19. If you translate that kind of a model to the city of Chicago, you're talking about an isolatable population of about 9 million people. Right. And it's, if we wanted to test the similar portion of that population, we would be testing 3 million people on a regular basis, which just wasn't, you know, wasn't even close to something we could even think about. So instead of testing everyone on a regular basis, which we felt wasn't going to have the right kind of impact, we decided to do much more targeted Te- frequent targeted testing, and then make it available to others. So, we regularly tested that, first of all, everybody who was in the dorms, all of our student athletes, all of our students who are in performing arts, so basically was anyone who was going to have to gather in a congregate setting, oftentimes unmasked that that was where we really targeted our testing that fall. And again, we opened it to everyone else should they want to use it. The other challenge that we faced that was a little different was when we thought about, again, making the test required for a larger group of people. But the reality was, a lot of those people only would come to campus on a very infrequent basis. And in doing so and have to travel an hour or

so from the suburbs or wherever, each way. And we didn't think it made sense to require people to get in the car, or even worse have to get on public transportation, just to come to campus to get a test so that they could come back to campus a day later. It just didn't seem to make sense in our environment. So, we haven't yet we have very targeted focus groups that we're testing on a very regular basis, and then open it to the rest of campus. And over the time beyond. We didn't we didn't vary from that too much. And at some points we did require prior to the vaccination I guess we did at times require everyone coming to campus to test as us as our capacity group, but We did we never were having the level of sort of regular testing requirements for the entire campus population that we're having at UIUC.

Jessie Knoles 15:13

Okay, okay. So, with frequent targeted testing, how- were you working with just within your department or with external departments to determine which populations of students-

TJ Augustine 15:30

Yep. Would be tested? Yeah, so we worked with a group of physicians and public health experts from ours. So firstly, there was a Dr. Susan Bleasdale who is the Chief Quality Officer, I believe in UI Health. She sort of was our chief physician expert on determining who would test how often they would test. We also had an in-house contact tracing team that our School of Public Health put together to Dr. Ron Herschelle from public health lead that and so that the contact tracing team plus Dr. Bleasdale was really who we relied on to make decisions about who should test and then we overlayed that with our lab capacity and other campus considerations.

Jessie Knoles 16:23

Great. And then for those saliva tests, they would be transported to a UI Health lab to be tested.

TJ Augustine 16:34

That's right

Jessie Knoles 16:37

And when this when testing began, how roughly how long would it take to get results back?

TJ Augustine 16:43

Good question. In that first period of time, it was about a day it was in sometimes less than a day was sort of general feeling by later in that academic year, we were getting results back to people and just a few hours, the turnaround really increased at the very start that was a little bit slower. But within a day, and one of the biggest challenges I'll say we faced here was getting trained lab staff to work to work in the hospital. They were in a tremendous amount of demand. And particularly to work overnight shifts, that was you know, being able to run the lab 24 hours a day, and on weekends was a way to increase capacity, but was always a challenge to find folks to work during those shifts.

Jessie Knoles 17:33

Great. And I'm not sure if you already mentioned this, but just so it's on record. With those frequent targeted testing at the beginning. Is there like a rough estimate of how many tests were being taken?

TJ Augustine 17:48

That's a great question. That's a great question. I there is, and I just don't remember it off the top of my head. We were I just don't remember there. But there is a record

Jessie Knoles 17:59

Okay, great. Thanks. And then I you were familiar with what was going on down in Champaign Urbana.

TJ Augustine 18:06

Yeah

Jessie Knoles 18:07

Were you having regular meetings with the shield team? Or were you just like reaching out for sharing information or resources?

TJ Augustine 18:15

Um, yeah, I would say it was. So, we did have regular conversations with them. But I would say it was more we have regular conversations. But the conversations were, I would say a little more focused on sort of how are things going for you like, Look comparing challenges and things that were working, sort of for each other, because again, it was it was a very, the environment we were working in was a very different environment than what they built SHIELD for originally in Urbana Champaign. So, it, it came to us pretty quickly that we would not be able to just replicate what was being done there. So yeah, we did speak on a probably weekly basis, if I remember about how things were going, but you know, and once again, it was sort of two different processes.

Jessie Knoles 19:15

Aside from the decision to target test, and as well as having the labs so that you can sort of bypass other hurdles that SHIELD had with getting authorization. What other challenges were more specific to UIC's testing procedure?

TJ Augustine 19:37

Yeah, I would say our again, our biggest challenge is the dispersed nature of our campus population, like our students, you know, most of our students, you know, don't live on campus. They live at home, many of them and most of them live at home and are commuting to campus on a regular basis. And again, if you had our faculty and staff, we have a lot of people who get to campus by getting on public transportation they're getting on the "L," or they're getting on Metra, [CTA] buses. And people didn't want to do that more than they needed to. And neither did we didn't want to we had similarly administration didn't want them to do that more than they need to do. So, there was definitely a serious challenge around, how do you balance having people test regularly in advance of those times they had to be on campus versus making them make trips, that would have no purpose other than to test. And so, finding a way to balance those two things was definitely challenging. We also built sort of a homegrown app that helped people, you know, it was allowing people to declare it any symptoms they were feeling and get, you know, feedback on that. And also, it was a way to, there was a mechanism in there, a badging system, basically, that we used to help people understand whether or not they shouldn't be coming to campus buildings. And that I think, helped the logic behind how that sort of data

flow worked, and the feedback people got, I think, did help keep folks' home who didn't need to become the campus.

Jessie Knoles 21:28

Right. Um, and as the Vice Chancellor for innovation, what did, especially when testing was, was first being implemented, what did your specific day to day responsibilities look like?

TJ Augustine 21:44

So, as we started, it was my day-to-day responsibilities, were really running the team that put this together. So I was, it looked like a day of just nonstop phone calls and meetings, Zoom meetings, trying to get all of these different parts of a system, we were building on the fly to move together and eventually create a system to do this, once it's started. It's- that changed, you know, I wasn't sitting at the testing sites every day. But it turned into more of a management of a giant system. And helping make sure things stayed on track, we were that we were listening to feedback from the campus community, implementing changes as needed. We change data systems multiple times, throughout dependent data handling systems multiple times throughout the pandemic for a variety of reasons. And I had to manage sort of the team through those transitions. So yeah, just very intense management at the beginning, sort of hour to hour for a couple of months, and then more to just making sure the system kept running effectively.

Jessie Knoles 22:59

Were there initially any ideas for how testing would be run that you ultimately decided against?

TJ Augustine 23:09

That's a great question. Yeah, I mean, we talked a little bit about at the beginning about whether nasal pharyngeal swabs that goes all the way up your nose, we talked about whether that could be used regularly, we talked about also a version of a PCR test that would work very similarly to the to the antibody tests that all of us have at home now with just like a Q tip that you use insides of the base of your one of your nostrils, that that was something that we thought might work, it would be way less invasive than the nasal pharyngeal, and, but have similar sort of turnaround time and efficacy to the saliva test. Ultimately, we decided not to do it because there wasn't it would require too much of the engineering on the test itself. And we didn't have time. We also thought for a very short time about buying, you know, a huge number of test kits that were available, like they're hard to come by, but they were on the market at that time in summer of 2020. We talked about doing that. And then the reason for that was again, like just weeks, like three to four weeks before we started testing, our ability to like actually implement it was something we weren't 100% sure about. So, we were looking at a lot of different options to have something available. If we weren't able to get through all the hoops, we needed to get through to have the test CLIA certified. You know, we are confident in that and then have all the data handling together because the data handling issue that's I haven't mentioned that is very relevant here. Is our cost again, we are doing the tests in our hospital pathology lab, they were, let's see, they were probably two months away from a medical records transition from their old system to Epic. And the notion we were bringing in all sorts of new instrumentation to run these tests, and the hospital just couldn't take make the investment in setting these new instruments up in the old medical record system, just for the transition to take place, weeks down the road. And so that really left us in a

very challenging position, we couldn't go into the new system because it didn't exist. And we couldn't go with the old system because it was being shut down. So, we had to set ourselves up temporarily in I think, was called MediCat, which was the system that UIUC was running at McKinley Health Center. And we were able to leverage the fact that the Banner system, which is like the HR database, basically right for the entire system, we're able to leverage the fact that we could dump all of our banner data into MediCat, and use that for UIC students, faculty and staff. And so, we did that on an incredibly short timeframe, which involves very, very close collaboration with the UIUC IT organization. That all happened within like 15 days right before testing started. And then once we got to like this time of year, November, December, we did the hospital had transitioned to Epic. And we then implement over the holidays, basically, we switched from using MediCat, to, which was a much simpler for our hospital pathology lab. And we were able to use a very nice sort of EPIC system to get results to our patients results to the testers.

Jessie Knoles 27:03

Wow, that that does seem quite stressful.

TJ Augustine 27:07

It was

Jessie Knoles 27:08

15 days is pretty impressive. Did you ever run into issues with supply chain or how were the physical tests being?

TJ Augustine 27:19

So, supply chain was a constant challenge during those early days, man for some time into that, that academic year. And it was everything it was getting PCR in students, it was getting pipette tips, it was getting machinery for robotics, so that, you know, it didn't have to be done all the pipetting didn't have to be done manually, it can be handled by a robot. All of those things were challenging from a supply chain standpoint, and constantly were impeding our ability to run more tests in the lab. But again, we make do with what we had, but that was it was a constant challenge, I would say until sometime spring or summer of 2021 was where I feel like that sort of started to move into the background.

Jessie Knoles 28:14

Great. Um, so with the evolution of the different - Oh, I forgot the word, with the different phases of the pandemic and the different strains of COVID. Yep. Did testing change with the evolution of the pandemic?

TJ Augustine 28:40

Yes. It definitely did. You know, I would say all through 2020, the 2020-21, academic year was pretty, pretty consistent, we were able to offer more testing volume over the course of that academic year as as our sort of Operation ramped up. But testing looks pretty similar throughout that academic year and the summer following in the 20. In fall of 21, was our first I'd call sort of like change, where we, you know, the campus was much more normal that fall not totally back to normal, but we had to scale back some of our, we were taking up huge spaces in, for instance, the UIC Forum, which is what a place

where we have events, we got out of some of those spaces starting in that fall so that there could be some more normal student events in those spaces. So that started to change in that fall. And then, you know, that fall we had, we were seeing smaller testing volumes because people had been vaccinated if you were vaccinated, we weren't requiring testing. And so, things started to change. But then the Omicron variants hit about a year ago now and Thanksgiving timeframe of 2021. And that threw everything into a Big Lurch because all of a sudden, we were talking about trying to test everybody on campus in a matter of like three weeks, three weeks away. And that was virtually impossible to do to ramp our testing from something that it scaled down because of vaccination to a level that was as high or higher than what we had had in fall of 2020. And so that was when we first started working with shield because working with shield very closely in terms of actual testing, because she'll be dead by that point and built a statewide network of testing labs, in your collection sites, they were able to handle scale changes much more seamlessly than we could in one pathology lab. So, we set up a shield only, we went back to that enormous student space in the forum and set up the testing site there after the hockey know after New Year's 2022. That would just operate with shield as sort of a surge option for us as we brought students back. And that was great because it allowed us to sort of trial the shield tests on campus for the first time. And eventually we didn't we no longer needed that surge capacity as the Omicron variant sort of moved, wave move past us. But then in the summer of 2022, we fully transitioned to using SHIELD, it allowed our hospital pathology lab to take what was an enormous effort for them and sort of move on from that and focus on other things. They still do run the saliva and are that the UIC developed saliva tests there for certain hospital related functions. But the campus itself now relies on shield testing for all of it's for all of its testing requirements. And that has worked very well for us since this past summer.

Jessie Knoles 32:21

Great. Could you talk a little bit, a bit more about the UAC COVID saliva test being used at UI Health and also what your relationship with the shield testing looks like now in fall 2022.

TJ Augustine 32:38

So yeah, it continues to be used UIC developed test continues to be used at UI Health for a variety of things. It's used for various, and this is a question I can't do full justice to but as I understand it, they use it for various patients, you know, testing, I think they use different, they still use the nasal pharyngeal test. So, there is their gold standard for quality, but they do use the saliva-based test for various purposes with their patient population. And then they also use it for some of their employees who are still required to test on a regular basis, because they we talked about a shifting shield there as well. But we decided that within the hospitals sort of walls were some of their employees needed to test, it was just easier for them to continue using a system that was entirely in house for them. So, and they have control over it, and it works for them in their health care delivery setting. For the rest of the campus. We on some level, the testing doesn't look different for people. But again, it's all shield behind. Behind the scenes, we you know, we use the shield data system handling system for delivering test results and looking at data or collecting data for our own decision-making purposes. The samples are processed at shield labs, and that you know, we expect will continue with shield going forward. As long as we continue to offer testing on campus, I just lost my train of thought on one other thing. Oh, in this after the holidays, we're planning to have entirely sort of self-directed testing. In other words, you'll pick up a little kit from a shield and a handful of points around campus and you can take that kit, you can

walk into a restroom or your office or take it home with you to deposit your saliva sample and then return it to a collection then that's the same one of those same sites where you picked and picked up the kids. So that really helps us deal with the staffing burden that we had with staffing these sites we were using student workers who are managed by event staff Throughout the pandemic, and once we reach this point in January, we will basically be hard staffed for distributing tests, which will be a big benefit for us in that we just don't have to worry about recruiting all those workers.

Jessie Knoles 35:18

Great, that sounds wonderful. I'm going back one I have one question just I didn't get I didn't clarify. Was UIC developed saliva tests being used outside of the student, faculty, staff community? Were there any like community testing sites throughout Chicago that were also...

TJ Augustine 35:39

We did not, it was entirely within our population. The reason there are a handful of reasons for that. One of them was we knew that, by the time we were sort of up and running in August of 2020, SHIELD was becoming I don't remember if SHIELD, I don't remember what SHIELD existed as an entity if it was there a little later. But we knew that that was coming, that shield was planning to try to take that UIUC developed test, you know, deal with the FDA approval, and then offer it at sites around the state, including in the Chicago area. And we didn't think it was necessary or a good idea to try to have multiple players trying to do that all from the University of Illinois system. So, we were more than happy to have them, you know, put that infrastructure in place. We did do a handful of community supported things that were very small, and very, you know, there was really no publicity around there just a number of community groups that eventually came knocking on our door where we felt that we had an obligation, given our mission, to handle some testing for them. And we did that was relatively small scale. But other than that, it was really always directed at our campus population.

Jessie Knoles 37:01

Thank you. Okay, shifting gears a little bit. You also worked with the vaccine verification?

TJ Augustine 37:10

Yes.

Jessie Knoles 37:11

Did you talk about at what point in the pandemic you began thinking about the need?

TJ Augustine 37:17

Yep. So, you know, people were being vaccinated throughout the first half of 2021. And given the dynamics of our campus being largely remote, and large numbers of people still not being vaccinated. We didn't change anything during the 2020-2021 academic year. But then in the summer of 2021. I think if I remember correctly, that's around the time that the governor issued a mandate that all state university employees and students be vaccinated. So, we decided that we had to have a way to collect information around that. And it was around that time that we also made a decision that those who were vaccinated would not saliva test, so would not have any [testing] required. So, in other words, the only people who would be required to test with us were unvaccinated or at certain congregant settings. So,

we needed to collect the information somehow, we started by using the app that I mentioned earlier, that we built for, to deal with saliva testing itself at a station of symptoms. We started with that, we built in a new feature that allowed people to, basically when they were filling that app out, because they were coming to campus, it allowed them to go in and just say that they were vaccinated, select the type of vaccine, the date, all of those things, which then that translated back to our testing database to make sure that they were marked as being exempt for testing requirements. And then there was it would then receive an email that would direct them to another sort of portal where they could go in and say that either one that they had been vaccinated at UI Health, in which case we had, you know, in the UI Health records database, we had proof of their vaccination. And they would they gave us permission to sort of pull that data out of their patient record, or they could upload a photo of, of a non UIHealth administered proof of vaccination. And so that, that got up and running over the course of a, again about a month, month and a half in the summer of 2021 and was fully in place at the start of the academic year. And we took very seriously trying to make sure that everyone was vaccinated or exempt. I should say too, there was also a place to mention if you wanted a medical or religious exemption from testing as you would do that declaration process. And so, in the first couple months of that fall '21 academic year, we spent a tremendous amount of time, even like myself, and other Vice Chancellors, working on tracking down literally every single person at the institution, student, faculty and staff, and identified whether they've been vaccinated, had an exemption in place, or maybe they were working in a way didn't never require them to come to campus. And those individuals that they could prove they were not coming to campus weren't required to be vaccinated. So that was a really, it was a challenging effort, but we had incredibly high, ultimately, incredibly high compliance and high disclosure rates. Basically, virtually every single person on the campus disclosed one of those statuses vaccinated, exempt or remote. By October, I would say, and only maybe 3% of the campus population had an exemption in place, so we had a very high vaccination rate and a very high compliance rate with that requirement. So that is something I think we were all very proud of, at the university and, again, took a lot of dedicated effort on a lot of folks' part during that start of that academic year.

TJ Augustine 38:26

How many hands were on deck in gathering all of that student data for the app?

TJ Augustine 41:36

Okay, so in other words, how many people were involved in that effort? It was so on. On some level, it was everybody, it depends on I guess how you look at it, there was a very small group of IT folks who built the system. Then, once we sort of pushed that out to the campus population, we kind of sat and watched for a little while to see what we would get. Once we realized where we have gap, at the Vice Chancellor level, every vice chancellor was taking a list once a week, and looking at who within their organization, because with, I don't know, I guess there's maybe eight or nine vice chancellors, we cover every employee and student at the university. And so, we, within our organizations, push down into units into colleges that the department heads to find every single person who hadn't declared. So, it was it started at the top with everybody at the top and flowed down throughout the institution to make sure we got everybody.

Jessie Knoles 42:44

Great. Um, and with the vaccine verification system, were there any particular challenges that arise aside from gathering all of the data?

TJ Augustine 43:01

Yes, the biggest challenge I would say was, once we got into trying to remember that, yeah, so in that fall, but you know, we pretty much everyone had been vaccinated, you know, their initial two doses by fall of '21. But it wasn't long after in September, October, that boosters started coming out, right. And there was a lot of discussion about booster requirements, and how to how to manage that. And the system that I've talked about for the app that I mentioned, and then also the sort of platform to upload vaccination verification, you know, they were, they were built, I used to joke to folks, you have to remember these were built with like popsicle sticks and duct tape. Because we were building them really fast. And with no, basically no resources, right? So, they were they were good. And they did what they needed to do, but they were really rickety. And part of the challenge of building something that worked was everyone wanted to just change it that oh, well, we can just tweak the system a little bit to now recognize boosters, or what have you. And the system wasn't really set up to have to go in and tweak it very simply, and just have to continue to work as well as the categories. And so ultimately, our biggest challenge came in that as we went into Omicron and beyond. We were doing this dance of how much can we adapt the system we've built for all of these new realities of the pandemic. And at what point again, particularly as we kind of saw the Omicron wave and moved a bit beyond it how much University resource, you know, from a, from a human, you know, work time and dollars, what are the resources, we want to continue to invest in this to continue to keep this up to date, because at some point, we would have needed to build or purchase a much more robust system to do all the things we want it to do. And in the end, we start instead of doing that, we decided to shut the system down, at the end of the 2022. Academic Year, we still have these requirements in place, and we have systems to manage them. But the system that was there to the system that was everyone was using was shuttered. And we had new systems that we put in place to deal with various parts of the vaccination verification and testing monitoring. We did we no longer had one unified app and platform that could do everything in an integrated way. So that that was that was definitely a big challenge and making those decisions or towards easy.

Jessie Knoles 46:13

Okay, thank you. Right now, in late fall, early winter 2022. As the Vice Chancellor for innovation, are you still working on any projects that are related to COVID-19?

TJ Augustine 46:28

Yeah, the one that I mentioned around transitioning to testing where we no longer have any staff involved is probably the last thing, I really spend too much time on, related to COVID. My hope is that once we make that transition, that will be the last transition we make, until maybe one day we decide we don't, you know, we don't offer testing on campus. So that that is still there. Other than that, I would say I don't spend a tremendous amount of time on things that are specifically COVID related anymore. But there are certain things that we know, there's certain things that are we changed, because of COVID that have become the norm, right, like certain things related to the systems that we use on campus and are teaching in new ways, new modes of teaching, you know, that all came from the pandemic. But it's now just become part of how we operate.

Jessie Knoles 47:33

Great. Would you say that your operations as Vice Chancellor for Innovation have changed from the pandemic? How did the pandemic affect how you approach your work and how your office operates?

TJ Augustine 47:50

It's a good question, things have definitely changed. Probably the biggest one was before, before the pandemic. So here in Chicago, we struggle oftentimes retaining high quality tech talent. Like for the for our IT team because people who have the skills we want, can easily they have a million opportunities for them from a work standpoint, here in the city of Chicago, and it's hard for us to compete with the private sector on salaries. And so, it's always a challenge. And one of the things we were looking at before the pandemic, was whether we could implement some more creative hybrid work, you know, scenarios where, as a benefit, sort of, we could offer to some of these people as they wouldn't have to come into the office every day. Whereas maybe if they went to work for Google, they might have to be there five days a week. And, you know, now, the pandemic showed that IT is an organization can function very, very, very well remotely, they almost functioned better remotely, than it had before the pandemic. And so that's been a group where we, you know, I, as we've started to come back, that's a group that we've very aggressively said, that group probably will never come back five days a week, that will be a group that is hybrid forever. And there are other employees that we've hired, who don't even you know, live near Chicago, right. But we've started to say, you know, what, if we can get the right person who has the right skill set that lives somewhere else, that's great, you know, we'll find ways to make sure they have the connections to the campus that they need. But it's really changed the workforce that we can recruit for across my entire organization, which has been really, really valuable.

Jessie Knoles 49:48

Great, um, would you say and I'm sort of wrapping this interview down, so it's going to get a little not abstract but some questions that might not have actual answers. Would you say that you have some like biggest lessons you've taken away from the pandemic, as well as anything that you might think back on and say, I wish I would have done things a little differently?

TJ Augustine 50:16

That's a very good question. One takeaway was that is for me personally, like hard things that are really, really difficult or good to do even in the moment, if you don't sort of see it. I think there were many times in that 60 days before testing started, that I say, I don't know why or how I ever got this assignment, and why we're doing this. But you know, we ultimately, we knew it was the right thing to do, and push through. And it was, it was just incredibly, for those who are involved, it was incredibly challenging, I think people who were involved in that group, and this goes to say this, they're the folks who are on the front line in the hospital and everyday who have their own set of challenges, which this probably doesn't compare to. But for those of us who were building the saliva testing program, I think all of us had PTSD. For a while afterwards, just because it was so ridiculously intense. It would not, under normal circumstances, I don't think we would have been anywhere near able to pull it off. But that's like what we learned. I think everybody now that they have a little perspective on it is glad that we did it. Right. It was something we achieved together as a team; it brought together a lot of different parts of the university that oftentimes have no reason to work together and showed us that we could work

together very effectively to achieve something really impactful. So, I think it's something that everybody's proud of at this point, and glad that we had to take on that challenge. So that's one. In terms of other things in which we've done differently. I think at all times, we wished there was this constant balance between speed of delivery, and, and sort of thoughtfulness. There's any number of things that could have been done probably better if we had had a little more time. In retrospect, it's hard for me to say whether there was that time or not. Hindsight, I'd say "Oh, we probably could have like gone to the drawing board a little more and figured that out before we just started doing it." So, I think that that's that was that was a lesson and just in how you constantly have to balance it sort of very intense situations like this, the speed to delivery versus making sure you're actually delivering the highest quality outcome possible.

Jessie Knoles 52:57

Thank you. Okay, I have one last question. But before I ask it, I'm wondering if there's any part of your work during the pandemic that we didn't get a chance to talk about or anything you'd like to add? No, I don't think so. Okay, great. Well, then, finally, the pandemic has been a rollercoaster of waves, variants, constantly changing guidelines and procedures. What do you think about how UIC handled the pandemic and how its responses went?

TJ Augustine 53:30

I am very proud of how we handled it and the response, I think, we were able to develop a very unique solution in a very challenging urban environment that helps keep our campus population as safe as we possibly could. So, I am very proud of what we did in the end, and think it was, overall, again, as good as we probably could have delivered under the really challenging circumstances we faced in putting it together.

Jessie Knoles 54:04

Of course, yes. It seems like I that's the end. So, I thank you very much for meeting with me today and talking to you, {unclear} perspectives.

TJ Augustine 54:18

Appreciate it.

Jessie Knoles 54:20

Thank you. Have a good rest of your day.

TJ Augustine 54:23

Thank you. Bye bye.