

Tim Killeen Interview

20th President of the University of Illinois System

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SPEAKERS

Tim Killeen, Jessie Knoles

Jessie Knoles 00:00

All right. My name is Jessie Knoles, and I am a Project research associate with the University of Illinois Archives. Today's date is Monday, December 19 2022. I'm meeting with Timothy Killeen, President of the University of Illinois System to discuss policies and procedures put in place by the System in response to the COVID-19 pandemic for inclusion in the University of Illinois COVID-19 Documentation Project. We are meeting here today at the Henry Administration building. President Killeen, would you like to just introduce yourself: state your name and your role?

Tim Killeen 00:35

I'm Tim Killeen, I'm the President of the University of Illinois system, and you're in my 8th year [as President].

Jessie Knoles 00:41

Great. Thank you. I'm going to start with some warmup questions. First one being perhaps most obviously, when did the COVID-19 pandemic come onto your radar?

Tim Killeen 00:55

I've actually tried to put together a little bit of a timeline, which I'll leave with you; that may be helpful. But I think this, I, like everyone else, was reading the newspapers, right in late December 2019. In January, like, in the first week in January, there was reporting - the New York Times and other places about this new virus. So I was paying a lot of attention to that. "This is a matter of interest." But January wore on, and CDC began screening passengers from Wuhan - it was clearly centered on Wuhan. The first case in the US was in Washington State, around my birthday time. Then the virus spread in Illinois, it was the first incidence of a person to person spread, one person came in Wuhan somebody else contracted first human to human transmission. That was January 30. So we were and I was all activated at that time. And then, February, it just got more intense, I think, with the passage of time. The CDC was involved, it [COVID-19] got a name, I guess. By the by the end of February, we were very concerned that we would have to make some adjustments, even to keep open at the University of Illinois, couldn't give you the exact date. But lots of meetings, lots of phone calls, lots of interactions, lots of scanning the literature to see what was known, what wasn't known. So I set up a COVID-19 planning and response team on March the fifth 2020. There's probably something in the documentation there that describes what that is about. We asked Bob Barish to lead it and we had the Chancellors on

there. So, we will take it very seriously at a system level very early in March, before it was actually declared to be a pandemic, which was soon after that. I think thereafter, we were meeting like every week or every other week, just a regular meeting session. So, we were always known but wasn't known. And the system wide COVID policy mandates in mid-March, March 11th, instruction going online, events of more than 50 [people] suspended, business travel prohibited, those kinds of things. So, we made some painful decisions, because that was kind of an unprecedented in a way to do that. But it was clear that that was needed and everybody was on board. We had a lot of discussions when the government closed pre-K through grade 12 schools shortly after, and then we had the Urbana-Champ- Well, it was several things going on at UIC, the UI Health System was very activated from the perspective of hospital overload, but also therapeutic and vaccine clinical trials etc. maybe enacted all the way through that with great leadership. And then here you are, you see we had a under the leadership primarily, I would say [former] Provost Andreas Cangellaris, and Chancellor Robert Jones. Andreas put together a leadership team of multidisciplinary folks and I was involved in many of those calls as well. And it was clear to me and the many that the federal guidance was not particularly consistent. From the given direction, and that there was what I like to say is there's no cavalry on the hill, going to come in and make sure that we could open for business and our students would be protected. We didn't know the severity of the time. So, we made a concrete decision to do what we could, for our community with an emphasis initially on the student body, that's our first responsibility. And then subsequently kind of layering out to students, faculty, staff, the communities in which we're embedded, the city, the state, etc., and even beyond the state. So, I know you know that all of that timeframe. But it really came to a head about the second week in March, the end of the second week in March, when we were doing our own fairly detailed epidemiological studies led out of physics, Grainger, Nigel Goldenfeld. Sergei [Maslov], were leading epidemiologists at that point. And there was a lot of other information available, Imperial College in the UK had a very detailed projection. Worst case, best cases, and if they look like alarming curves, as you saw the propagation of this new virus. And so, we had our own epidemiological modeling system that turned out to be world class, by and thorough, predictable became very much a decision tool with the whole state of Illinois, as you probably know, already. And the numbers were alarming. So we were really concerned about what could happen. So, we just convened, reconvene, we had our weekly meetings of the top staff. And what else was secondary to it? By March the 14th. Provost Cangellaris was messaging me and calling me up to make sure that I was well versed in what the epidemiological modeling was showing the math and the forecasting, to understand the potential impact. And at this time, you know, the numbers were very low, but the potential for the outbreak, just getting exponential was clearly there. And people were concerned about the hospital, supply chain, personnel, et cetera. And some work started on ventilators even and you know, how things were, you know, and the disinfecting surfaces and so forth. And we kind of activated a lot of things to that point. But the big driver was the hospital crunch. Frankly, the pandemic is not over right now, if you look at the wastewater dashboard that we have, which we're developing, we've got some 80 wastewater sites across Illinois, you look at Chicago, they're going up again, rapidly, and not turning yet. So, what I've done with this whole process, so we're still going to meeting this morning, with the full cabinet talking about COVID. And the combination with flu et cetera, but at the end of, well, we're at March 14, right? My little, my little crib sheet here. We had very specific blocks of what might happen with the hospital system in the in this notably in the local region, but also in, in the state. So, we pulled off commencement. So that point, March 17, he said, we're not going to have big inputs face to face gatherings. And that was a system decision. I've, you know, led those

meetings, we decided we were going to have a mix of system wide and then tailored decision making policy decision making, because our universities are different. But we were already thinking of that point. This is not just protecting our own campus. It's really our broader responsibilities to the community. At that point, the state reached out to us about testing facilities. This would be on March the 17th. Same day we call the commencements off and we're in very close. We were very, very close contact with the state and the Illinois Department of Public Health. So, all of those compensated innumerable conversations taking place all the time, but the Deputy Governor Jesse Ruiz asked us explicitly to explore it, would it be possible to ramp up testing? You may remember that testing was really the key there. Where is it? Do we know how much, and testing supplies were in short order, there was confusing information on testing questions about false positives, false negatives. And so, by then we had really started revving up our own testing approach, you know, we, we didn't see on the horizon, something that could really track where the virus was. And in order to interrupt its transmission, and you had to know where it is first, and you had to act quickly to put people in isolation. So then, about that time, we, we were we were we were scanning the state for RTPs, PCR equipment. So, we have an Illinois innovation network. So, we asked all universities to identify PCR equipment. And I think we were at that point really responding to the state's needs, kind of in a leadership capacity taking on the roles of how are we going to do this testing of the state, right, because the numbers were something like 1000, you know, they need to be 10,000 50,000. So, we informed the state informed the governor's office that we'll be able to do 80 tests a day in Chicago, and 94 tests a day, here in Champaign, this is on March the 18th. Think of those numbers now. And you think, wow, because we got up to 10,000 or 15,000 a day, right? So, these were really, really small numbers. And then then the Imperial College paper was interpreted by the New York Times, and that was a big, a big shock to because it showed the propagation here. And so, we asked our team about those data, and they said with their consistent with our measurements and our understanding. And so, we all felt that there was a rapidly closing window to actually protect the state about this time New York was starting to take off, right. And so, if mitigation wasn't, take us during the window, we would have we would have a situation here. In fact, Chicago would have been like New York, had the University not contributed important decision making to the state. And so, on March the 19th. After sleeping on it, I guess I got some I talked that Andreas on the on the 18th. And then on the morning of the 19th sent a note via Jennifer Creasy to the governor and mayor, Mayor Lightfoot that you've probably seen their email.

Jessie Knoles 13:14

We probably have it some-

Tim Killeen 13:15

Most of the things it says based on these are this is now my writing to a state lead to send directly the governor and the mayor he did. Based on these new epidemiological model results attached. I sent off the report, "University of Illinois system strongly recommends immediate shelter in place or lockdown. These was results are consistent with the recently released Imperial College London study with the New York Times highly highlighted on Wednesday." I think this was maybe a Friday, I forget. I mean, "the work from U of I scientists is tuned to a city of the complexity and scale of Chicago, please convey this report to the Mayor and Governor through appropriate channels, we can make our scientists available upon request." Okay. So, we got an immediate response from the governor's office, they wanted to talk to the scientist and the next day. We put out our system wide, well, the stay-at-home

order came out from the state. And from what I know and can recollect that period, had there been a delay of about a week or 10 days, we would have been like New York with the you know, what was happening, Chicago would have been like New York. So it was that saved 10s of 1000s of lives, literally. So that's kind of interesting kind of occurrence. You don't often see that. But I think the University of Illinois system and its response into this really response combination of the medical system, UI Health, the very generous collaboration and leadership we had here on this campus. I led and the reputation we had with the governor and the relationships we had with IDPH, led Illinois to become I think the second state by only a few hours to go into shutdown lockdown mode. And that saved 10s of 1000s of lives. I once did a back of the envelope calculation, but 50,000 lives, people would have, you know, not made it through that first crashing wave. So, bending the curve was the key thing. And it also enabled the hospitals to I think, make it through that first. So, then we were having our weekly meetings throughout the rest of March, and then this may not be then we were chosen as a clinical trial site by NIH, UIC was, this is like March 26. So, there's just like a week later, we're now doing 800 tests a day, with results in 6-7 hours, kind of ramping up rapidly. We were working intensively on the supply chain issues on the ventilators on the all the other things on the modeling side of things, we were communicating it rapidly. And of course, we were working on what became, you know, this SHIELD, saliva test system and starting to work on the getting the authorizations to build it out. We decided at about that time that we agreed to go really whole hog on this that if you wanted to stop this thing in his tracks, you had to know what it was, which means you have to test pretty much everybody. And we were able to show that asymptomatic transmission is the dominant form of transmission, I think we will be only if not, maybe the Broad Institute in Massachusetts, were able to show that but we were doing enough testing shortly after this, to demonstrate it's not just symptomatic people, which is what people thought that way you get this is coughs and sneezes, right, but it was asymptomatic people, notably young people who could transmit it. And that was a shock to the White House, frankly, we had a talk by Deborah Burkes just recently where she acknowledged that but that was when they. So, then the state really wanted us to take on some of the testing infrastructure and systematics because, frankly, the agencies were a little overwhelmed. And we they reached out to us and our DPI group kind of led a charge to systematize to do the supply chain does recruit people to get testing sites going testing hubs around the state. Bill Jackson developed a proposal for the state too, with a map of testing hubs throughout the state and showed how to do this, we were working with IDPH to ramp up the testing system being assembled for the whole state. So, we did a lot of the back-office kind of stuff to help the state get to 10,000 20,000, et cetera. And the state started to ramp up its testing through IDPH. We also worked with a Boston Consulting Group at the time. And our HR team did a fantastic behind the scenes job of recruiting people to staff these places and to our PR purchasing team did a great job to do that. So, we were kind of like this is still in March. We were doing a lot of the structural logistic support for the state that succeeded. We were asked to do more.

Jessie Knoles 19:02

This is unrelated to SHIELD Illinois. This is much prior to SHIELD Illinois?

Tim Killeen 19:05

This is kind of prior to SHIELD Illinois going really mainstream. This was like the preexisting testing things, but it was like sourcing it was PCR installations. It was training. It was all of those things and that's not really been documented much. Then we were doing by the end of March, we were doing

therapeutics at UIC remdesivir was done with remdesivir clinical trial. One of them was done here. And we did a lot of clinical trials specializing in underrepresented disadvantaged groups patients and that I think is our calling card in Chicago. Then by the end of March, the governor extended the stay-at-home order through the end of April. Now, it was clear what would have happened by that time. In fact, I was calling up colleagues in New York State and in Michigan, expressing what we're doing? Are you doing as much as you should do the campaign? Then I think our staff went to the State House Republican caucus. We were looking at budget hits. So, by early June, we, we took a 10% pay cut for senior executives. And we diverted funding to some students who were particularly hard hit. We curtailed hiring and reduced expenses. There was no salary program that year. So, it was hitting our bottom line to buy them. So, this is all pretty fast. But that point Avijit Ghosh, I know, if you don't do Avijit -

Jessie Knoles 21:04

I believe someone has the name sounds quite familiar.

Tim Killeen 21:08

I think Avijit is a bit of a magician, frankly, at some point, I think it was like in this timeframe, I don't have the date. But he decided we were going to order forty PCR machines. Okay. "For what purpose Avijit? What we're going to put them, we're going to run them?" We ordered forty PCR, it's a good thing he did, because we needed them as the whole SHIELD thing took off. Because then we were really concerned about students coming back. You know, the big question every week was, you know, how are we going to make our campus safe for students when they return in August? And we knew that we had to have a massive testing program. Now. We seem to know that, but other places did not know that. So, I've been asked many times, how did why is that U of I did so much. And I don't know that it just kind of seemed like logical to me, at least at the time, boy, there's a virus out, right? How are we going to crush it if we don't know where it is? So, we had 20 test sites set up we use the PCR machines, we got fantastic support and the students they were we learned how to draw in the vials and all of that stuff, cutting edge technology, applied and deploy the deployment side of it was massive and successful. And you know, and then I got and I got an email from Sergei saying - and this is on July the sixth - "The governor wakes up and checks hospitalization tests positive numbers every morning. I guess at this point, closing bars is politically impossible, but I'm sure he will react promptly if the numbers start going up. He also keeps our March report with Nigel on the right corner of his desk and he's told me several times that he keeps a report with the graphs which show the hockey stick things." So, Governor [Pritzker] was very appreciative IDPH was very strong partner with IDPH. We did the early testing, we made the state's robust initial support, we created a test and the digital underpinnings for that the rapid notification, the application that enabled contact tracing to be done automatically, we set aside space for people to go into isolation. The student body reacted wonderfully always protocols in class masking etc. And we were successful in keeping going never closed down. The University System kept going classes will give them we use a lot of preexisting expertise with classes become your model login directly if you want me to go somewhere else, but

Jessie Knoles 24:08

No, this is good.

Tim Killeen 24:09

Okay.

Jessie Knoles 24:11

Linear the linear is nice.

Tim Killeen 24:15

So, we were into the Moderna. Vaccine trials, phase three by early July. Dr. Richard Novak at UIC, Moderna, Johnson & Johnson, the vaccine clinical trials for large populations, notably underrepresented populations. UIC is the only site in Chicago selected there. You know, working with diverse community I'm sure you've heard about Marty Burke. We decided in these sessions and I was a proponent of this. We've got to take our responsibility beyond our campus walls. It's great that we can create this bubble of safety and live in such a lot because we were doing like many, many we've seen zillions of tests. And we did that through a community expansion SHIELD got named. We set up SHIELD Illinois, which we got good leadership for that. SHIELD, Illinois at its peak was in 1,700 schools. You talked to Ron Watkins, I guess, you know, the test to stay protocols, the State Judiciary, the state legislature, DPI was incredibly important for this, this whole thing, how do we, how do we manage all of this? We negotiated, you know, when we when companies like Toyota, we gave away the IP, we published it, and many universities picked it up. I think something like 60 universities, they didn't all say that it came from Illinois, but it did. And some of them did. Some of them did licensing. So, it became a national standard. For its speed, its low cost, its accuracy. And then you probably know the whole saga of the FDA. Go into that. But one of the things, we had a new Vice President for innovation coming in [Dr. Jay Walsh], who had a lot of the background needed. And he and I talked, and he basically dropped everything to work full time on getting the FDA.

Jessie Knoles 26:32

We have talked to Jay

Tim Killeen 26:34

Okay, and Jay, fabulous job at that we have a lot of setbacks, and a lot of discouragement, and some things that probably should never get into an archive of any type. But it wasn't it wasn't exactly the most seamless process, but we got there. And then all the universities said Yeah, okay. After a setback where we thought we had the FDA approval wire a, you know, as this is as good as something that's already been authorized, that that didn't happen. So we had to, you know, and we had sort of said it, but we got it, we thought we had reached the finish tape, but we hadn't, which was, you know, but there was enough trust and confidence in the U of I that come through that the governor and his staff kept with us, all the way through them, we got it and, and then SHIELD Illinois has really been a national model of how to do this. For the whole state. So, I'm extremely proud of all this stuff, it's learned a lot along the way. Now we're into wastewater, we're doing the wastewater, about 80 sites, that's really the next generation because it's an early warning. And then you can test for virus, and you can with these PCR tests, because it's sensitive to how many viral you know what the viral load is, you can tell something about the, you know, the level of infectivity if you like. And then with the partnership with IDPH, we could sequence and so you could tell what the variant was, if there was a different variant, what there was coming in, I mean, since we're doing so many tests, which is one time point, we were doing more tests than most states, and in the United States, it was like unbelievable, it was quite

different. Then we set up an outside of Illinois. And again, this was Avijit, Avijit Ghosh basically said, "Well, if we're going to expand it beyond our campuses, let's create a management structure." And that was called SHIELD Illinois. We brought Ron Watkins in to do that, leave that. And then external to Illinois, we have a company that was set up that has done it in many places very successfully. Outside In other states, countries like Japan use some of the technology, Philippines using technology. We've been in California and Maine, and you know all the many, many universities and companies and now we have a kiosk version of it. We're still working on the next generation FDA approvals for a stay at home, you know, do it at home direct to consumer, and that will be another breakthrough when that comes through. So that's being worked on. Now because you know people have gotten used to testing at home with the rapid turnaround with the PCR tests are very important because they're accurate. So, everybody has been involved in our roles grown out and kept getting classes people graduated, we're back to full commencements. It's not done yet, because there is this potential for new variants to come out that could be more severe. So, we need to, so we're not going to disassemble capacity, although much lower numbers of tests. Now come on the third year of this. So, we've learned a lot. Does that answer most of your questions? What are some of the questions?

Jessie Knoles 30:35

Yeah, I think so. Are there plans for COVID SHIELD at Illinois to stop having testing sites soon?

Tim Killeen 30:45

No, no, I'm going to have test sites open next semester,

Jessie Knoles 30:49

Oh, great. Okay.

Tim Killeen 30:50

As I said, well, meeting still regularly, will have free testing available in all three of our universities. And it won't be as many sites at all, as before, children are still going for through probably in the summer. And then we're doing we're building up the wastewater system, because that's, that's a precursor to, you know, what might be happening and we're getting a spike is going to go but we had a call this morning about. So, it'd be another mass mail to everybody. Requesting be careful, because I think personal responsibility is going to be important in family gatherings, and so forth. So just knowing that. {Inaudible} {Paul shows Jessie a question he wants Jessie to ask}

Jessie Knoles 32:00

Is the University anticipating a post-Christmas break spike?

Tim Killeen 32:05

We, each year, we've seen, you know, a thank- post-Thanksgiving spike. And then we've seen a January spike the two previous years, I think we'll see that again. In fact, I was poring over the wastewater plots. Chicago looks like it's gone up a factor of three in the last couple of weeks in Champaign, maybe a factor of two in the last couple of weeks. And these are these sorts of curves that are going to continue to go up. So, we're not going to get back into massive protocols, but I think people wearing masks is really prudent right now to be large gatherings. I anticipate we'll see another

January, this year, it's got the flu as well, as people have immunity, and the flu has dropped. I check in on hospital regularly, like I tell you another 25 patients with COVID hospitalized in our Chicago hospital. A third of them are in the ICU. You know, nationally, we're losing 400 plus people a day. Still, but they are predominantly although immune compromised patients as well. So, we were talking a lot about surveillance, which we did in the past. But these things propagate from the young to the old. And so, the sooner you can get some indication that there's going to be propagation and even let decision makers in elder care settings know that they can take proven measurements, prudent actions to help mitigate the risk. So, we can still actively, you know, help. And we haven't had any to my knowledge, serious death and death or serious illness with our students. So that's just fantastic. Through these through this period, we've had, you know, students get it. And in fact, a lot of people have gotten it now. It's endemic. There's no question about that. So, we're in a different phase of it. But we're not going to disassemble our testing systems. Because who knows, you know, China's going up right now. There may be other variants that emerge suddenly and then maybe faster acting too. So, we need to be in terms of respiratory testing. I think we've got a path now to do COVID, RSV and flu all in one saliva test. And I think that's going to be really important for the future. So that you know what you got, right? Because the symptoms overlap.

Jessie Knoles 35:15

Right. So, the COVID-19 planning and response team, which you created back in March 2020, is that something that still meets occasionally? Or is that is that a team that you might pick up again, one day, if you're not meeting regularly right now?

Tim Killeen 35:36

Without meeting regularly, but we met this morning. I mean, actually, what I brought in the chairs to meet with the full cabinet. So, we had a meeting this morning of that of that group, to discuss where we were we review the latest data, maybe we have. And we pay a lot of attention to the public health issuances, and CDC, obviously, but we also kind of keep on our toes. Yeah, that's not going away. We're not meeting weekly, anything like it. But in the lead up to Thanksgiving, we had sessions we were discussing some of the protocol changes that we might recommend or my change policies that we may change as students return after the break. You know, some of the some of the policies in place now will probably change. As you know, we're learning more about vaccination and unvaccinated people. Those do they need to test as frequently as they did in the past? So those kinds of they'll be tweaks around that. But our expert team is still reading all the literature paying attention looking at the data. And we've got I think this wastewater thing is going to be really important. We may be the most highly wired state with wastewater. And that's, that's a partnership with IDPH as well.

Jessie Knoles 37:06

I think we've spoken with someone familiar with wastewater, I'm not sure. I wasn't in on the interview, but I believe that we have we have talked about wastewater with someone. Yeah. So, in terms of policies and procedures, the three campuses, was each chancellor of that campus responsible for creating those policies and procedures? Or was it a more like unified approach to implementing one policy for the entire system,

Tim Killeen 37:40

Well, we were meeting, all of us regularly, so the chancellors, the executive vice president with special experts. So, there was never any kind of like surprises and who was doing walks. When it was when it was appropriate, we did system policies. When there were different approaches that made sense on the campuses, the Chancellors would put out policies and normally, we would have a system statement, which will be random, more general, and then be followed up with a Chancellor's statement, which will be more specific about places, times, openings, things like that. There's all highly coordinated, and a little, not many differences between the three, the three versions, but some differences as well about, you know, timings and isolation strategies and things like that. So, I would say both but highly coordinated. Everybody was paying attention and is still paying attention. I think that was the strength of our system, because I'm telling you UIS benefited hugely from the work that was done on both UIUC and UIC. UIUC benefited hugely from the work on vaccinations at UIC, UIC did the biggest mass vaccination site in Chicago. UIC benefited hugely from the saliva test that was developed, and now they're using SHIELD at UIC. So, this was an example of where the whole system really came together. And there were a lot of mutual benefits passed on. You know, this is seen externally as a huge success for U of I, everybody knows about it, so it was a big deal.

Jessie Knoles 39:40

So, we're preserving this history.

Tim Killeen 39:43

It's good to record that you that you preserve the insights.

Jessie Knoles 39:50

So, could you talk a little bit more about your specific role as the system president and how maybe you just your day-to-day looked like during, let's say 2020? Mostly meetings with that response team or what? How did you determine your primary goals? And what did those responsibilities look like for you?

Tim Killeen 40:14

Well, I think they think back on that the main things that basically I was led or involved in is, we're not going to fret about how much anything's going to cost right now. We're going to put our students first, our community second, where we live Third, the state of Illinois fourth, and then if we can help protect others, and we're not going to keep anything secret. Everything we do, it's working without just an ounce. Nope. I mean, later on patterns, maybe but for now, everything we know, we will, we will distribute everybody else. And they were places like Notre Dame picks up on that Indiana University picked up on Michigan State, it goes on, I mean, and it goes on everybody. So that, that was basically my role, I think, because, you know, you can say, well, we're going to make sure this is all budgetary. Consistent. So. So that was, I think, an important aspect of it, scaling it up. Taking the risk, frankly, of going for the FDA thing, rather than just let's just take care of our home turf. That was a big choice, buying things. Building out the supply chain, no, diverting people from their day job to working on this. Helping politically, working with the state agencies talking to Governor, the deputy governor. The University Presidents, we had very early on, there was a private University that came to me was led by... Jay would know more about this, but said, you know, 3000 students, how do we can we tap into this? I said, sure. You know, you've got to sort of commit, before you even know, when you're in a when you're in a crisis mode like this, I think time you don't have the leisure or the time to work through

things. We have a fantastic team. I got to say the students were amazing. Students were just and proud to do it, you know, we've got a lot of bases, draw and redraw and redraw. And they felt safe. The families around you've seen the Nature paper that came out like a fourfold reduction in deaths in Champaign County over what would've happened otherwise? People felt safe. So, it needed. It needed the attention of the President, I think... I'm a scientist. So, I'm in like a data walk anyway. So, I'm just I didn't want anybody to know more than... more about it than I did. At least I wanted to be right up there. I would have these long talks with Nigel [Goldenfeld], who was kind of like, he was really one of the top experts, right. But I would call him up saying "Nigel, have you seen this?" And he was like, "Yeah, I did see that yesterday. And you're right. Yeah." So, you know, I got my scientific data ops, I'm an observational as to so what matters to me is like observing and understanding and modeling, so. But I think the other thing that I think I did or said, and this is based on [former UIC] Chancellor [Michael] Amiridis, and we were meeting regularly, right, one of the very early meetings. When we started talking about volume, we're going to can we give people raises or not budget so we don't have to do layoffs. Michael Amiridis said, and I said, he picked up on this, he said, when this is all over, what we want to be known for is how well we took care of our people. That became like a mantra for us as you go through. And it was my collaborators who said that first. And then we had to, you know, I mean, I was kind of persuading this snap a little pushing on that thing. Where are we going to do this? Or how much do you need for that? Do you have the staffing, how many beds does the hospital have? Do we need to have? There was a lot of just stuff that I was steeped in. I wouldn't say we had a lot of people making decisions. But the overall decision to grow it expanded to fund it and, you know, developed, devoted leadership on was, I think I would say Avijit was very important. Will Jackson was very important. Jay Walsh very important. Ron Watkins, Becky Smith, epidemiologist, the whole SHIELD team. They got discouraged at one point with the FDA stuff, you know. So, but then we bounced right back. Then we had a great day I forget when it was when we handed out 20, a bunch of presidential medallions. Did you hear about that? Yeah. Forget how many, but we were able to recognize a lot of teams.

Jessie Knoles 45:54

20? 30? 30 Presidential Medallions right?

Tim Killeen 45:59

Yeah, not administrators. Except with Jay. Jay was like a team player with the FDA, but mostly the people, including the people who set up the tents and the Dell with the supply chain. So that was, that was a proud moment for me as well.

Jessie Knoles 46:19

What do you think some of the biggest challenges the University System faced during these whole past two years?

Tim Killeen 46:34

Well, the huge challenge is keeping our Mission going, right? Teaching Learning. Research, the fundamental mission of the University was frankly threatened. Many universities went into layoff modes, many universities, had to abruptly send people back and truncate things. And so, keeping our community as safe as possible, so that learning and teaching could continue, was the top priority that keeping our community safe, those are all challenging, more challenging. I think generating the, the

datasets to enable the massification of our SHIELD systems was challenging, but rewarding as well. We had budgetary issues, no question about it, that people took sacrifices along the way. And that was challenging as well. But we've come out of it stronger, and everything's growing enrollments up, we've kept our costs down, research is up, philanthropy is up. Fill facilities going. So, we've come out of it very strong and stable. And I think there's been a, you know, generation of trust within, within our overall community as well. Look, if we can do that. One of the things I like to ask now is, look what we did in this crisis mode. Could you imagine if we worked that productively, effectively, and that generously, absolute across it, but prop what challenge? Could we not take on? Now, I wouldn't say it's been easy. But I think it's been a successful period. And that's why you're... I'm glad you're doing what you're doing. I don't know of another university that did anything close. There's going to be more pandemics, there's going to be more need for interdisciplinary to come to bear on solution sets. You know, you name it, and then the environment water conflict avoidance scenes. {Paul types out the message, "I mean this whole operation (documenting the University's pandemic work) was your idea."} So, I think this interdisciplinary state of collaboration is {pauses, reads Paul's message} "I mean, this whole operation was your idea." Those aren't my words. {Jessie laughs.} It was it was it was not all my idea. Just want to make sure you know that. This was not me. This was us. This was the generosity and the hard working, 'roll you sleeves up,' Identification of a problem saying okay, well, where help on the right is. Let's do it ourselves. And then a partnership with the administration saying rather than "No, we can't do that. It's not how we do things around here" saying, "Yeah, let's buy them today. And let's, let's tell the state to go into lockdown. Now." And I don't think that could have happened without the credibility of the institution. The institution had to be credible, had to be and it was because of our long legacy of contributions. So, you'll get a lot of people hopefully, digestible, and those learnings could come out of it. Right now, I think if we pivot to how do you actually, it was the land grant mission, in actuality, what it was right, it was, and it was our job, basically. Problem, you know, human welfare under duress, well, what can we do about it? And what can we do about it, not just for us and ourselves self-protection, but beyond. That's important. So, I think taking that concept forward, is important now. And so, what are the problems that we need to deal with? So, I've been on a state tour, right, we see life expectancy grading. Across the state, you go eight miles across Chicago, life expectancy drops, and 10 years. You go from DuPage. County to Saline County that drops 10 years? Why does it drop 10 years? Access to medical care, education deficits, nutritional deficits, we've got a lot of stuff on our watch that relates to public health. So, we're now talking with IDPH. About taking those on too. It's not a pandemic issue. This is like, on our watch, we have we have these incredible inequities in access, its education. It's healthcare delivery. It's all the quality-of-life issues that we probably have. And so, whose job is it to do that? Well, it's the land grant university research intensive, large, big enough and ugly enough to take it on. So why not? So, we're, that's what [University of Illinois] Extension was created to do. So, it's modernizing the extension, in a way, it's taking our healthcare delivery system, which we now have 15 clinics in Chicago, we opened up two new clinics just in the last year and a half, one in Auburn-Gresham [a neighborhood on Chicago's south side], credibly needy community. And it's a healthcare clinic. So, they'll have screening, mammograms, Pediatric, Dentistry, Legal Help, help with writing business plans, all the things that a community needs to thrive. Without that young kids don't get exposure to anything that might be helpful to them, in the long run. If you don't have any exposure, what do you do? You can't see your path forward. So, there's some kind of fundamental, this is a land grant mission. So doing in a crisis mode, showed us the potential, and I think we need to sort of take that and take it to another scale altogether. That's just my rumination on the future.

Jessie Knoles 53:25

That kind of leads into my next question, which is how has the pandemic affected the University System as a whole? Would you think?

Tim Killeen 53:36

I think there's deep pride in our response at the University System. I think we safeguarded our University System. Everybody knows, everyone felt part of that. We know some grumbling around the edges. But fundamentally, I think this was a really important set of contributions. So, I think it's actually strengthened our University System. A lot of the currency is trust. It's trust with the administration and his trust with the public. Its trust between the University, this trust with the humanities, or the STEM field is, so the currency is trust. I think we've gone up on that. There's a lot of negativity in the airwaves these days, you know, social media and a lot of partisanship and rancor. And the young generation is sometimes verging on despair or dismay at a minimum about their future, right. Well, we're going to be for them. So, I think we're the antidote to all of that. A university like this is the antidote to that. So, we've been talking about - we need to select, and you know, raise our heads and be out and about so that, particularly the youth see a future that's for them. It's welcoming, that's inclusive, and that's exciting. But they can feel it they can be part of. And that is all about education. It's not just about post-secondary, four-year schools, that some groups need to lead it. And the University of Illinois led the formation of the Illinois innovation network. Now, every public school is involved, multiple community colleges are involved. There are new hubs around the state, 15 of them were funded by the governor's office, by the administration, and by the bipartisan General Assembly, led out of U of I, so we can lead. I think there's greater recognition of that potential. {Paul type the message. "For the jaded, we're the antidote." Pres. Killen reads} "For the jaded, we're the antidote."

Jessie Knoles 56:09

Are there any ideas or plans that you had, or others had, that the administration ultimately shut down? And didn't see to fruition?

Tim Killeen 56:21

State administration? During COVID? No, I think it was it was stiff to begin with. And, again, trust built, and we were asked to do things, we did them, and some, and then that started to lead to is whether I remember the governor telling me, we will be your biggest customer. When you get your FDA authorization. And you want biggest customer? Look what happened we had, I can't tell you how many parents have said, Thank you. Because I've seen it work. And I felt my kid was safe. That's a big contribution. So, I think that it was stiff because I don't think anybody was prepared. Certainly, the federal administration was underprepared. And there were a lot of sort of signals that conflicted a little bit. But the scientific community was all in right from the beginning, if you ran into the scientific literature, a credible scientific literature, you kind of could figure it out. If you read the headlines, you'd be lost at sea. So, you know, the public, I think, was very confused. So, we adhere to the scientific understanding to the guidance to our own lights, we relied a lot on what we knew about the issue. And we did things that you know, we set up testing we were ahead of our students were asking significantly, I think, to build this out quite as fast. And then when we had that setback with the FDA kind of people were worried, but we kept going.

Jessie Knoles 58:18

Can you remind me when that setback happened?

Tim Killeen 58:22

I think Jay came in May, Jay came in May, and he started working on the FDA side of it. And there was a Yale University saliva test. That was a single gene test, as was a three gene test. And they had an earlier FDA authorization. We showed in an early clinical trial that we were at least as good as the Yale test. That's the terminology. Non inferiority is the actual term. And we thought, after having read all the guidance, and having talked to an outside counsel, that that was good enough, turned out not to be good enough. For reasons that might be rivalries, who knows how that worked, but then we went on and did another study and got there. Actually, it's superior to nasal pharyngeal. But this is the medium that actually transmits. So, I think that was we pioneered that. And I think there were a lot of skepticism there. There was some skepticism about "Are we going to be able to preserve privacy?" You know, when you're taking samples from people and informed consents, and all of those things, some of that is still residual, but we saved lives.

Jessie Knoles 1:00:00

Did you have any say in how the University responded to either like disinformation? Or upset community members? People, the University? Did you did you have responsibility towards sort of combating any of that disruption or misinformation?

Tim Killeen 1:00:30

I wouldn't use the word combating. Generally, a lot of people send me emails and notes and letters to the editor. And you know, there's also partisan conflicts about the Sanyo {?} thing, we decided to stay above that fray, and message, what we could truly defend based on all scientific interpretations of data, as well as. And we work very closely with the public health authorities, notably in Champaign, actually, but also with NIH and the vaccination teams very closely with, with the authorities, and Quechua lights, everything is going to be based on known science and guidance where it applied to us. And then we politely responded if we were asked questions about the whys and wherefores of it. So, kind of getting into argumentation was not really our role. Not to be dismissive of anything, or just, you know, people have different worldviews and can have quite different perspectives about what's important. You know, there's a whole vaccine discussion in society, right? I mean, if you want to ask us vaccines are very effective. We're heavily involved in vaccination. We've done all kinds of things, all kinds of contributions in the past, were doing the needs of the future as well, the Shingrix vaccine, they never should take him out on a big yet, but or maybe you don't need to, but that's one came out of UIC. So, we're vaccination, supporting. And we also have level all the fields covered. So infectious disease, endocrinology, Epidemiology, public health. And I think that voice was recognized as being credible, certainly by the administration. Construction, if we recommend that something was taken seriously, I can say that for a fact. Did all the resources arrived the next day? Not always, but yeah.

Jessie Knoles 1:03:01

All right, I just have two more questions for you. If you could have done anything differently, would you have? And if so, what would it be?

Tim Killeen 1:03:14

Personally, or system wide?

Jessie Knoles 1:03:18

I'll say system wide. But also, personally in your role as president?

Tim Killeen 1:03:33

We did our best. I did my best. So, what do you say? What would you have done differently? Well, I would have liked the circumstances will be different. If we had had an easier path into this statewide intervention took a long time to get there. It was kind of a stepwise thing. It would have been helpful for the state. I think if we had connected better our UI Health System with our UIUC technology, and have that flown better, seamlessly, quick, more quickly, we would have been better for Chicago in particular. I think Chicago was slow to adopt some of the things that we had which were ready for primetime. That might have been something I could have done better. Not knocking heads, but just coming out better. So, the pace was fast, but it could have been better. I think the FDA thing was, was more of a struggle. Surely that's for sure. Could we have made some earlier decisions? Could we have gone to some outside expert group and said, look, we need an FDA authorization come in, drop everything help us get there. No. Instead we have Jay, who's like, our Vice President, right, devoted the Vice President 100%. On his first day of the job, he did a fantastic job. I don't know anybody else who could have done that. And talk about people say, well, it's next day, you know, you ready? When's it going to happen? Jay? We just had a fantastic group. Coming out of it now, I tend to be the worrywart. Even in the meeting this morning, right, you know, look at look at those wastewater plants. You know, let's think about what should we be doing more on something on some Protocol, or should we be saying this or that. And let's not disassemble our capability, that's maybe mothballed as to some extent, but can we make sure we're ready? If this ever happens, again, to go flat out as fast as possible? The on the commercialization sides, as I said, we gave away all the intellectual property. I'm proud of you that I would never second guess that. We could have maybe, I don't know. Made some more money or something like that. But I think we I think what we did was priceless. I would not second guess that. I think being ready for the next thing is probably pretty important. Preserving our mission building on the trust that's grown and the capability we've demonstrated to do things. So, the problems aren't just the wind about complained about actually resolved. I think that's probably relevant.

Jessie Knoles 1:07:01

And then my last question, kind of ties into that. What are some of the biggest lessons that you've learned? Going through this pandemic?

Tim Killeen 1:07:12

The caliber of our people is amazing. The student body, amazing. Amazing. The, the development of the pride has been fabulous to see the pride of the community as well as community. What was the question? What was the question?

Jessie Knoles 1:07:35

What are some of the biggest lessons learned?

Tim Killeen 1:07:41

I think I underestimated the capacity of this institution. When I came my first day, I said "I'm in awe of this institution," I was, but I don't think I would have foreseen this level of capacity. And again, I like to use the word generous collaboration, because it wasn't people trying to be famous or rich. It was just people just saying, let's get to work. Let's get to work. And that was inspiring to see. I think those are, those are surprises.

Jessie Knoles 1:08:27

Before we end, is there anything else you would like to add?

Tim Killeen 1:08:31

Well, what do you what are you going to? Well, can I ask you a question? What's going to come out of this set of interviews? Is it a book? An oral record? Set of recordings that people will listen to us now as they look back on?

Jessie Knoles 1:08:43

Yes, yes. We'll be collecting listen to the digital repository at the library as its own record series. So, people be able to listen to these interviews and look at some documentation that we've collected as well.

Tim Killeen 1:08:59

Well, I look forward to seeing the full set of documentation because it's been like you know, you go to Disneyland, it's Wild Toad's Ride right to go get on and before you know it, you're spinning and circulating. So, it's nice to be able to reflect on but we're not over yet. That's the other thing. Now we're going to take on these life expectancy issues, nutritional that we're opening a while helping open a food co-op in Cairo. Cairo, Illinois is at the very tip of the state didn't have a single grocery, not a single grocery that's lost, lost young people, you know, it's like, it needs nutrition.

Jessie Knoles 1:09:50

That's great.

Tim Killeen 1:09:52

Yeah. That's the kind of tangible thing that we're doing next, and we need to do that, scale it up.

Jessie Knoles 1:09:59

Thank you for meeting so thank you thank you for the questions