

Awais Vaid Interview

Director of McKinley Health Center, University of Illinois Urbana-Champaign

Former Deputy Administrator, Champaign-Urbana Public Health District.

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SPEAKERS

Awais Vaid, Rebeca Escamilla

Rebeca Escamilla 00:01

So, first things first. My name is Rebeca Escamilla. I am a graduate student representing the University of Illinois Archives. I am interviewing Awais Vaid. Is that how you pronounce your name?

Awais Vaid 00:17

Awais Vaid.

Rebeca Escamilla 00:18

Okay, thank you. Director of McKinley Health Center at the University of Illinois Urbana-Champaign. Today's date is Tuesday, October 25 [2022]. We are here at the University Archives to discuss how the COVID-19 pandemic impacted the McKinley Health Center. This interview will be used for inclusion in the University of Illinois COVID-19 Documentation Project. Is there anything that you would like to add?

Awais Vaid 00:47

Well, the only thing, you know, that I have started this position as of July, one [2022]. So my position at McKinley as a director is fairly new.

Rebeca Escamilla 00:57

Okay, got it. Thank you. So the first question, I'll start with a series of general pandemic questions. So for the first one, do you remember the first time you heard about the emergence of COVID-19?

Awais Vaid 01:16

Yes, I do.

Rebeca Escamilla 01:19

So how was your experience when it was first emerging?

Awais Vaid 01:26

So, this was December of 2019. We had started to hear about cases in Wuhan, China, and all the attempts being made to contain the outbreak from spreading. In public health, we were always keeping

our eyes and ears open for infections that were happening across the world. Because of our experience previously with the H1N1 pandemic, that had started very similarly, and the one before that, which was the other strain of Coronavirus, which was I can't remember that, but the Hong Kong version that happened in 2005. So you know, those were the ones, those were also happening internationally. And in public health you always want to keep preparing for things that may jump from international to national and then local. So, we were hearing about that a lot. I still distinctly remember it was just before break in December, mid-December. In our leadership meetings, we would talk about that. Just brush up on what would be our response if we start to see cases nationally and locally as well.

Rebeca Escamilla 03:15

So, going on to the second question, do you remember your last day of work before going into lockdown, so this would have been around March 2020 And how you felt regarding that situation?

Awais Vaid 03:30

I still remember that, but to be honest, we were never in a lockdown because we were public health and we were always open. We were open seven days a week instead of five. So instead of being in a lockdown, we were actually putting in many more hours and days, but I do remember the notification coming from the governor's office and we are going to be lockdown starting tomorrow, and making sure that we understood, our staff understood that we are essential, and we will continue to function normally. What will be the precautions that we have to take so that we are able to come to work on time, be here to be able to answer those questions for people, and be ready for what comes next because we knew that the questions would start coming in immediately as well.

Rebeca Escamilla 04:34

So how does your background as an epidemiologist affect your response to COVID-19? Since I saw that, at the time, there were articles coming out and you were also giving some advice.

Awais Vaid 04:51

Absolutely. So, epidemiology is the study of disease trends in the community and my training in epidemiology, plus my background in clinical medicine and the work experience for public health for, at that time, about 16 years already in public health and having also dealt with multiple other epidemics and pandemics, including the H1N1 made my job a lot easier to be able to give advice to the community based on science, based on what was happening in the community and what was the best course of action going forward taking the most conservative approach.

Rebeca Escamilla 05:49

Thank you. So, when the pandemic began in 2020, you were Deputy Administrator for the Champaign-Urbana Public Health District. Can you tell us more about this department that you worked for, like its goals or its primary functions?

Awais Vaid 06:09

Right, so like I said earlier, my professional career began at public health at CUPHD in 2004 as epidemiologist. I was directly reporting to the administrator at that time. About six years later, I was made the Director of Planning and Research. And then I continued in that role for about six or seven

more years, and then I was made the Deputy Administrator. The function of Deputy Administrator at public health was the chief operating officer. So, I was responsible for the overall operations of public health and also with my role as epidemiologist and planning, I was also responsible for the strategic planning for the public health internally, as well as the strategic planning for the community as far as the healthcare, or community health, is concerned. So I was in my role managing the daily operations, which included information technology, which included supervision and guidance to the leadership team as well as working closely with the Division of Finance and the Division of Human Resources, as well as Building Maintenance and Building Support as well. So all of those were in my purview and I was supporting directly being the administrator.

Rebeca Escamilla 07:50

Okay, Thank you. So, in contrast, can you tell us more about McKinley Health Center? What are its primary functions? Its goals regarding the student population.

Awais Vaid 08:03

Sure. So, McKinley Health Center is the Health Center for the University of Illinois Urbana-Champaign. All students that are enrolled for the Champaign-Urbana campus through student health fees, which are required to be part of the student here, they get access to the McKinley Health Center for primary care or mental health services, for women's health services, for labs, X-rays, and health education and one-on-one counseling with dietitians, physical therapists, and so on and so forth. We do not have any other locations except the one primary location on campus. We have probably between 30 and 40 prescribers, so providers who can actually see patients and prescribe medications as well. And we have a total staff of somewhere between 160 to 175 people in the building. As a director of McKinley Health Center, I oversee all the operations of McKinley Health Center. Plus, I also oversee the student health insurance section, which is not necessarily a part of McKinley, but it's also under the purview of the director of McKinley Health Center. And the Director of McKinley Health Center directly reports to the Associate Vice Chancellor for Student Affairs.

Rebeca Escamilla 09:53

Thank you. So, I guess we can skip the question after that since it was already answered regarding the services of McKinley. So, now we'll ask a few questions regarding SHIELD [Illinois]. So, just for more background information on our side, when did you join SHIELD Illinois and what was your role in SHEILD [Illinois].

Awais Vaid 10:19

Right, so before SHIELD Illinois' inception, there was a core team of leadership at the U of I, which was being led by the Vice Chancellor for Research, Dr. Susan Martins. And she was tasked to put together a team that would be taking the charge for all things COVID, and that's where SHIELD was primarily, you know, built upon. So, I was part of that group, even before SHIELD was formally a group. And once SHIELD formed, there were multiple different areas that the SHIELD team was focusing, which included, you know, testing, the lab section of it, all the locations where testing will take on. There was a modeling team. There was the education and outreach team. So, there were multiple different areas that the SHIELD team was divided into. They all reported to the Executive--, at that time, the Executive Director for SHIELD was [Craig Bagnet?]. Again, he was part of the Vice Chancellor's team. He was

appointed to be the acting Executive Director of SHIEKD, so everybody was reporting--, all the communications were reported to him and then from there to the Chancellor's Office. So, I was I was part of the modeling team. And you know, the discussions on what things need to be put in place, basically for the community, for the campus, for a safe return, for students to be on campus. So, I was part of that. And outside of that, I would be having direct communications with the Chancellor, the Provost, and the Vice Chancellor for any other questions, concerns that they may have had. They would want to talk to me about those as well. So I was doing both.

Rebeca Escamilla 12:41

Thank you. So, in 2021 you were awarded the University of Illinois Presidential Medallion. Can you tell us more about this award and how did you feel about it?

Awais Vaid 12:55

Well, I felt great about it! I didn't know anything about that award before I was announced one of the awardees. Again, I was not part of the University of Illinois System. So, it was very unusual for me to be awarded that medal. Every single awardee, and I guess there were close to 30 people, I don't know the exact numbers, but that were awarded this metal, I was the only one that was not part of the University of Illinois System. I know in the past, there have been exceptionally well qualified individuals, dignitaries who have received this medal so that was a very prestigious award. And I understand that, you know, the reason for giving this award to so many individuals at this time, or at the time that they gave it, was because it was once in a lifetime pandemic and it not just changed the dynamic of the University of Illinois students, faculty, and staff, but it also became a showcase for the entire world to learn from, to be able to keep a campus open when every other campus was shutting down their doors and going virtual. So, it was a feat which was internationally recognized. And not just campuses across the country, but countries across the world, were learning lessons from how this how this was implemented. It was a team effort and everybody that got the award thoroughly deserved it. Although like I said, I was not anticipating any of that, because I was not part of the System. But nonetheless, it felt wonderful to be acknowledged and appreciated.

Rebeca Escamilla 14:50

Thank you. So now, I'll be asking some work related questions. So, did you work from home at anytime during 2021? And I guess you already answered that.

Awais Vaid 15:03

Not one day, not one day. I mean every single day of the week I was at work, including weekends, when needed. When I was not at work, in person, the only time I would be at home would be in the evenings if I was taking Zoom calls from either campus, or from my community partners, or through the state, or the CDC.

Rebeca Escamilla 15:32

I guess for the second question, since you weren't remote doesn't really applied. But since you oversaw other employees and colleagues, did you apply any remote strategies for them? Or--?

Awais Vaid 15:52

We talked about that a lot. But, we also knew that things were changing multiple times in a day, in terms of guidance. And so, it was very beneficial for us. To be in a physical location where we could meet immediately, talk about things, make changes, pivot as needed, and update staff that were either answering the phone calls, you know, sending emails, creating media messages, all of those things. I can understand that, you know, a lot that can be done remotely as well, but for us to be able to, you know, sit, discuss, make decisions, and implement that immediately. Being in a physical space really helped us in our response and we did not want to change or divert from that. The only time we allowed for some remote work would be you if somebody was sick, and they were still able to do some work remotely, they would be allowed to do that during the time they were not able to make it to work. Or, you know, when there was bad weather and we were not able to physically open the building. Then we would allow people to do some work remotely. Or, you know, for instance, just taking Zoom calls for a meeting. Those could be done remotely but most of our day-to-day response was all in person.

Rebeca Escamilla 17:33

Thank you. So from what I understand, you joined U of I in July 2020 [should be 2022]. And before that you work with Champaign Urbana public health district. So, what motivated this career change?

Awais Vaid 17:52

I was not necessarily looking for a career change. I had started my professional career at Champaign-Urbana Public Health District and I was planning to end my professional career over there. This opportunity was presented, and I looked at the options. This was a wonderful opportunity to stay in the community, to be able to do the kind of work I was already doing in a slightly different capacity, a little bit more focused to the campus community, but still part of the larger Champaign-Urbana community. And you know, for me, it was, like I said, presented in a way that was very attractive to make a career change at a time in my life where I had done--I spent a lot of years in public health, so I knew, you know, public health was second nature for me. I have learned a lot, and I had given back a lot as well. So, I thought it was a good time for me to make a shift in my career. Not necessarily very different. And not necessarily away from this community. But still giving me new things to learn and new things to do as well.

Rebeca Escamilla 19:34

Thank you. So, for the next question, I guess it might be a little longer, but the pandemic has been a roller coaster of waves and variants and changing guidelines. What do you think about the University's and also the Champaign-Urbana Public Health District's response to the evolution of the pandemic? Were there any decisions that you questioned or any backlashes?

Awais Vaid 20:11

So, I felt very fortunate, my colleagues also felt very fortunate that we were living in a community that was highly educated, open minded, and, you know, a scientific community as well, in general, not everybody but in general. We have a huge campus. A lot of what happens on campus does spill over to the community as well. And it's a research institution so, you know, faculty and staff, families associated with them, they do have a very scientific mind as well. It was a lot easier for the public health community, for the for the healthcare community, to be able to present what we know today based on science, and try to bring consensus try to get people to comply. It was a lot easier than a lot

of my counterparts in other parts of state and other parts of the country. The other good thing was that the healthcare system in this community for the last 15 years has done a lot of collaboration, coordination. We know each other by name. We have called upon each other multiple times, hundreds of times over the last 10-15 years. We regularly meet, we practiced for years and years and years together. So, there was already a trust built in the in the healthcare community as well. Along with that, we were also very fortunate that that elected officials were very supportive of the healthcare system in general. And when I say healthcare system, that includes the hospitals, the clinics, public health; that includes McKinley; that includes, you know, the small clinics and the nonprofit as well. It's not just the hospital or not just public health. The entire healthcare system, worked very efficiently together with tremendous support from elected officials. And again, in most communities where there were challenges were because of the fragmentation of the healthcare system. And non-existing support from elected officials. Where they had the biggest issues in trying to get the community to be supportive of each other, to follow the guidelines, and to what is expected. And we were, from day one, the entire system was very transparent. And we communicated everything, whether it was through our website where we were showing data, which nobody else was showing on a daily basis, or if it was doing telephone interviews, Zoom interviews, with radio, with television, with podcasts, with students, or whether it was, you know, the New York Times. We were talking to everybody. We rarely refused talking to media, even once. Along with that, we also brought in the business community, the you know the K through 12 community, the faith based community, and the small nonprofit organizations, the Rotary clubs. And so, as many community members, there was a whole group for the immigrant population. Since we were not the ones who were directly dealing with them, we had trusted messengers from the immigrant population who we could reach out to and then they became our eyes and ears. So, we brought everyone together. We used to hold weekly Zoom calls each of these groups, give them updates. Tell them how they should be, you know, leveraging the expertise of the community in trying to influence people to do the right things. So, there are a lot of good things that happened because we had a community that was supportive. Otherwise, you know, we had counterparts in other parts of the state of the country who were in similar positions like us, at public health, but they had very poor support from the community and from the groups in the community. And so, they could not do what we were able to do in our community.

Rebeca Escamilla 25:10

Thank you. So, for our next question, it kind of relates to this previous one, but how would you compare the COVID-19 response from the University of Illinois [Urbana-Champaign] with the response of Champaign-Urbana Public Health District, and you said that there was a lot of similarities since we share the same community but--?

Awais Vaid 25:29

Right, so keep in mind that the campus, when you include the student, faculty, and staff, is more than a third of the county population. So, it's a huge part of the community. And neither of us live in silos, students even though they live on campus, they work off campus. Faculty and staff, even though they teach on campus, they have their families embedded in the community; their kids go to schools. So everything that happens in the community or on campus, directly or indirectly impacts each other. That's why it was very important that decisions that we're taken were in agreement. The campus was not making decisions in silos. The community was not making decisions in silos. The campus was

always on the table when the community providers met. Similarly, community members like myself, and others, were always on the table when the campus was making decisions for the campus because they wanted to make sure that the decisions on campus would not adversely affect the community. One of the simplest examples was when the campus was bringing in all the students back in the fall, in person, the biggest concern for them was what will the community but you're bringing in 30,000-40,000 students back from all across, is that going to be you know, a big concern for the for the community, and how will you manage it? So, for those decisions, and for those discussions, we always had either me and many other people, including elected officials from the community, on their discussion table to make sure that they are they are making decisions which are in-line with everybody else. There was never necessarily silo decision by anybody.

Rebeca Escamilla 27:25

Thank you. While the pandemic was going on, did you have to cancel or postpone any major projects or research or initiatives?

Awais Vaid 27:40

We did, but you know, from a public health perspective, pandemic is priority number one. It's always that is one of the basic functions of public health is to make sure that we take the lead when there is an outbreak, an epidemic, a pandemic. And we have to stand up because every other system is looking up to us to be able to take that leadership. So, projects that were ongoing, programs that were ongoing were all stopped. Everything was stopped. In fact, when the pandemic really started and when the shutdown happened, a hundred percent of our staff were working in some way or form to support COVID-19 efforts. We were not doing anything else. One simple example was our dental program was shut down and our dentists and the hygienists and the dental assistants were participating in either contact tracing, or you know, logistics or making homemade masks in our building. So they were also being utilized for pandemic efforts. So every single thing that we're doing had completely stopped, and we were only focusing on addressing the pandemic which we knew by the way it was spreading that it was going to be a long haul for us.

Rebeca Escamilla 29:06

So, this following question is regarding McKinley Health and your position as director. What challenges did you or have you encountered as director of McKinley Health? And how did these challenges compare to the challenges that you've faced in Urbana-Champaign Public Health District?

Awais Vaid 29:32

So, you know, I draw a lot of parallels to what challenges I had at public health and what challenges I have here, primarily because I have the community and the population also served is very similar. The biggest challenges that I see is the post-pandemic world is going to be different. I do not believe we are ever going back to normal or we are not going back to pre-pandemic normal, I should say. Things will be normal, things are normal, but it's the post-pandemic normal. So, there will always be challenges faced which will be different than how we address things in 2018-2019, or even prior. Behavior and mental health issues were a concern before the pandemic. They were very important before the pandemic, and they have exaggerated multiplied during the pandemic and we are starting to see, already seeing the impacts of that as well. So, for our healthcare system will be able to address that is

going to be a challenge, it's not a short-term solution, it's going to be a challenge that will continue for years. Along with that how you manage staff that are burnt out, which we saw not just in healthcare, but in every sector. Individuals realizing life is too short, they don't want to keep working until they're 75. They want to be able to enjoy life. For a lot of people, they saw a lot of death. Maybe sickness and death in their own families and so, that gives them new meaning to life and they want to do something different. Healthcare system was severely strained for two years. It took a lot of toll on providers, and many of them were not able to keep up, so they have they have the healthcare field completely. So staffing challenges for healthcare is continuing. Again, there are no short-term fixes to that right now, but you know, how do we address this long-term is a challenge that we will have to keep facing. So, like I said, a lot of similarities in what I was doing at public health because those were still some of the concerns that were there before the pandemic, but they have exaggerated significantly since then, and if McKinley Health Center is dealing with the same issues, I'm pretty sure public health and the hospital system is also dealing with the same exact issues and concerns and challenges that we are dealing with.

Rebeca Escamilla 32:16

Okay. Thank you. These following questions are more reflective. So, if you could have done anything different, what would you have done or would you choose to have done something different or follow the same path?

Awais Vaid 32:34

So, you know, again, one thing I keep repeating again and again is that we were fortunate that we had excellent support. We had great relationships with our community. Leadership with our community folks. It took a lot of time to build trust in this community, and we were fortunate that we had the trust of the community. We were very, very transparent. If we made mistakes, we owned up to those mistakes. A good example of that is very early on, we told people not to wear a mask. And then when we learned that it was a good thing, we told them start wearing a mask. So, this was one example of where we owned up to our previous recommendation and asked him to change it. And the community, like I said, it's educated, so they understand that we are also humans, and we are making decisions based on science. So, they were willing to accept when we were making changes. The one thing that I would have preferred was a stronger unified message coming from the federal government, which I think was a very big challenge for us. It created political instability, it created you know, these divisions among people, even in our community, although you know, majority of our community followed what we did, but there was a small subsection of the community that was being influenced by what was being said or not said at the federal or international level. So, I would really loved to see a bunch of better, coordinated black and white response from the World Health Organization, the CDC, and the federal government, which was lacking for a long time. The other thing was, we did not anticipate the impact of misinformation and disinformation and how much that can impact our response. We realized that while we were responding to the pandemic that it can severely influence people in doing the wrong things. Social media and all forms of media were being utilized to misinform and disinform people and I think going forward if one thing I had to change was maybe a much better strategy to address misinformation and disinformation. That would have been helpful aswell.

Rebeca Escamilla 35:35

Thank you. So, for this second question. You've sort of already touched upon it, but do you think that we'll ever return to a pre-pandemic operations or workplace?

Awais Vaid 35:56

So, again, the answer is yes and no. Will we go back to normal? We probably will. But will we go back to the pre-pandemic normal? Probably not. And in my mind, we should not because this was a once in a, probably multiple lifetimes, pandemic. And if you're not going to learn from it, we're going to keep repeating the mistakes in the future. So, this gives us an opportunity to learn. When we had the HIV pandemic in the 1980s we learned about universal precautions and the entire healthcare system changed to adopt universal precautions. So, we never went back to pre-HIV. It was a post-HIV world where universal precautions became normal. And now you cannot even imagine having surgery or a hospital not following universal precautions. So its become a normal, but it's a new normal. Same thing you will see with the pandemic as well. You know things like wearing a mask. Is this normal, it will become normal when we have a severe flu season or a severe viral respiratory season. It becomes normal. Or if you have, you know, if you have a small family gathering, where you have elderly people who are sick, or you have very young kids who are vulnerable and you have sick family members, would you put them in a close proximity or what you spread them out? Or would you open doors and windows for ventilation? So, you know this will become the new normal. Improving the ventilation system to circulate air properly or better, will become a new normal. So a lot of new normals will be part of the new normal going forward and we will adapt to it and we will live with it.

Rebeca Escamilla 38:05

Thank you. So, I guess we're now on the last question. This is also a reflective question. But did you want to talk about anything that you might have learned about the pandemic, about yourself, about work, or the university?

Awais Vaid 38:29

There's so many questions in one. So, you know, reflecting personally, you know, for me, it was important to be patient, to be calm, to be collected. Because that's what you need in terms of authority. We did not know from day-to-day, what our strategies will be tomorrow or the day after. So we were always focused on let's finish, let's prioritize what needs to be done today. And then we think about the next thing tomorrow. I had to always ensure that the staff that are working in the frontlines were being taken care of as well. Because people forget but they are also humans on the side of the phone that are answering phone calls they're doing a job. But they're also humans. So, we had to be very, very deliberate about making sure that we take care of them give them enough breaks. If they were not taking vacations, we were mandating them to go on vacations just to get a break. We were providing them meals, we were providing them with snacks, drinks, whatever it took so that they do not have to worry about all those things. So, it was important to take care of yourself and to take care of your team before you could take care of the community. That was very important. And we had staff that went through this process for a very long time. And it impacts people. So, we have to think about how do you decompress them after we have finished? One of the one of the challenges we also experienced was there was staff who were part of the pandemic for a year and a half, two years. Not doing their normal job, but doing pandemic response. And then after two years, you cannot suddenly expect them to go back to their normal job and then perform at the level that they were doing before. They don't even

know how to do their job now, because they've been doing this for the last two years. So, you know you have to be very deliberate, to give them time to adapt, to you know, to refocus. And it may have, for some people it may take weeks, but for some people it may take months and you have to be flexible in that approach as well. So, all those things were lessons learned that it's not that you know, you can ramp up your response, but you cannot just ramp down your response and expect everything to go back to normal, it doesn't work. You have to be very deliberate about that as well. A lot of lessons learned in this pandemic and you know, the next one may not be the same. When we used to practice, we never ever practiced for a scenario like this. And it happened and we adapted. So the next one may or may not be the same. It will probably be not the same because no one pandemic is similar to the last one, but we have some lessons learned from this one that we will be able to apply to the next one as well. And hopefully we do a much better job next time.

Rebeca Escamilla 42:07

Thank you. Are there any other things that you want to talk about or something important that you feel needs to be said?

Awais Vaid 42:17

You know, there might be so many, I mean for me a lot of the last few years is a blur because like I said I was so focused on that day. What happened yesterday was yesterday. What's happened today is today. And what happened tomorrow we will deal with that tomorrow. For me it was always a day to day thing. I wanted to make sure that my team, my team leaders, they knew what their task was, and they should not worry about anything else beyond that. And every team had a specific task to deal with. They don't have to worry about what other people's going. They have to worry about their team, their goals for the day and that's about it. So you know, I think that that's all I remember right now is we just took it day by day. And that's how the two years pretty much passed.

Rebeca Escamilla 43:19

Should we end the recording? Okay, so we're gonna end the official recording. Yeah.