

UI Health Community Partnerships Interview

Dr. Stockton Mayer, Assistant Professor in the Infectious Disease section of the Department of Medicine, University of Illinois Chicago

Dr. Rebecca Singer, Clinical Assistant Professor in the Department of Population Health at the University of Illinois Chicago College of Nursing

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SPEAKERS

Rebecca Singer, Stockton Mayer, Jessie Knoles

Jessie Knoles 00:01

All right, we are. My name is Jessie Knoles and I am a Project research associate representing the University of Illinois archives. Today's date is Friday, November 18 2022. And I am meeting over zoom to discuss the responses put in place by the University of Chicago {Editor's Note: Jessie means the University of Illinois at Chicago} during the COVID 19 pandemic for inclusion in the University of Illinois system COVID-19 documentation project. I'm going to let my interviewees introduce themselves with their name, their department and title please.

Stockton Mayer 00:31

Dr. Singer, you want to start?

Rebecca Singer 00:33

My name is Rebecca Singer. I am a clinical assistant professor at the College of Nursing in the department of population health nursing science.

Stockton Mayer 00:44

My name is Dr. Mayer. I'm an assistant professor in the infectious disease section and Department of Medicine at UIC.

Jessie Knoles 00:53

Great, thank you. I'm going to start off this interview with a few sort of just beginning based questions. When did the COVID-19 come onto both of your radars? And what were your initial thoughts?

Rebecca Singer 01:08

You can go first

Stockton Mayer 01:11

COVID-19 really came onto my radar when I was on a working on a tropical medicine course in the Dominican Republic in January of 2020. So we were down there it was with my colleague, Dr. Jean-Luc Benoit. And we were talking a little bit about this novel Coronavirus coming out of China, and in weighing how impactful it would be on the on the world. And that's really when the conversation started for me.

Rebecca Singer 01:40

Yeah, I think that it was also around the same time, sort of end of January. By the end of January, I was getting more and more interested and really watching, sort of felt like I was watching a train crash. And yeah, so I spent a lot of time talking about it and hand wringing about it in over the course of February and obviously into March.

Jessie Knoles 02:10

So when did you and your colleagues begin to discuss efforts to respond to the COVID 19 pandemic? What were your first initial, like primary needs? And how did you identify those?

Stockton Mayer 02:26

You know, from, from my perspective, you know, I got back from that Dominican Republic trip. And things were really kind of starting to brew in Chicago, around kind of late February, early March. And one of the other projects I'm really heavily involved with is this, this comprehensive care program for people who inject drugs based out of the School of Public Health, syringe exchange. And we started that program a year earlier. And COVID was coming, they had just announced a stay at home order. And they were just coming up with criteria for folks to to, to isolate. And in our population at the syringe exchange, many of those folks were homeless. And amongst ourselves, we said, Okay, well, what do we do with people that are experiencing homelessness that are experiencing symptoms that need to go home to isolate? And that kind of answered an important question for us, you know, what do we do about COVID, and people who are experiencing homelessness? So, you know, I reached out to Jen Layden, who is the medical director at CDPH {editor's note: Jen Layden left the Chicago Department of Public Health in September 2020} was a kind of a member of our faculty at UI Health at the time, and said, "Hey, what's the city doing about this?" And they didn't have any answers. And so that's kind of where my involvement with kind of the COVID and the population based response started, really with Jen, that question.

Rebecca Singer 03:55

Yeah, my early on, I have a background in humanitarian response work overseas. And so I, in the very earliest days, was talking to our faculty practice and being like, "Put me in coach!," like this, this is what I'm made for. And so very early on, I did a little bit of this is interesting. This is where it sort of ties into the homeless divide. A friend of a friend had just started a job as working for the city on the issue of unhoused individuals and she, my friend, like connected us to each other. And I remember very early on, I don't remember her name, having a very long conversation about like what you could do to offer support to them. And I was like schools, hotels, all these things are closing down. This is this is like a

way to do it and really working with her and brainstorming about different options. And then that sort of I went on my way and originally I worked for you I have helping them set up their play testing center and did that for about two months and then that was running and so that was no longer interesting to me, to be honest, at Then the person who used to be running our faculty practice, Charlie {Gingling?}, said "there's this guy, Stockton Mayer. He's he's doing some cool testing stuff with the home- with the unhoused folks, and stuff like maybe maybe you guys could work together?" And so I cold call Stockton Mayer and like, sold myself to him like I was like, really like gunning for the job. So and I got it.

Jessie Knoles 05:34

So is that the is that the point in which this COVID-19 rapid response team was born? Or was that already something that was in place?

Rebecca Singer 05:44

Well, kind of what happened was, you know, we had the city with with this discussion with Jen Layden, and she put me in contact with some folks from Rush, David Ansell and Steve Rothschild, who were also asking the same question. And we got together as kind of a large group of providers who are helping people experiencing homelessness, to really come up with a plan. And the initial plan that we were involved with was kind of like the testing component of the kind of the shelter system for people experiencing homelessness. And I'm not sure if you remember the hotel 166, which is a hotel in the Miracle Mile that was kind of opened up for, for people experiencing homelessness, that was kind of used as a as a shielding resource. And our team would kind of test and then we started testing and all the other shelters kind of around the city that started that experienced outbreaks. And we worked together very initially with with Rush on that. And then we kind of there was there was a need for two teams running at the same time. And so I think Rebecca joined us, was it May of 2020?

Rebecca Singer 07:03

June 1.

Stockton Mayer 07:04

Yeah,

Rebecca Singer 07:05

yeah. I think that there was a recognition when I, by the time I came on board, or as I was coming on board, there was a recognition by the city, that the work that Stockton and the Rush team was doing was so valuable, and could also the testing was then just started also testing in long term care facilities. And there was a recognition that there were lots of congregate settings that could use some increased testing capacity. And so and then at the same time, the city sort of realized that they had specific funding, and they could put out an RFP [Request for Proposal], they could have a contract with us that it needed to be sort of more established. And so like everything went from that initial emergency phase of like, just get the work done. And sometimes starting May, June, it started getting you know, we broke into two teams, and it got really sort of established and the protocols and procedures and became a standing part of the city's response. And that was that period when I came on board was June.

Jessie Knoles 08:14

Okay, so the rapid response team wasn't just put in place by UI Health, but it had people working at CDPH and Rush. Are there other external partners?

Stockton Mayer 08:27

Yeah, I mean, the rapid response team was kind of the name for that we gave ourselves at UIC. Okay. Oh, the rapid response team, I think and we're now kind of known as the outbreak response team or ORT, is a unique UIC entity.

Jessie Knoles 08:42

Okay.

Stockton Mayer 08:43

We were kind of a triumvirate with us, CDPH and Rush, we work very closely together. CDCPH is kind of the quarterback and we're the receivers in a lot of ways where they kind of identify a threat and tell us where to go and then we pick it up from there.

Jessie Knoles 09:05

Okay. So when this COVID 19 outbreak response team was formed, what were its primary responsibilities, and how did you determine the biggest needs and for which communities

Rebecca Singer 09:26

so like Stockton said that this city, you know, it's a real collaborative approach to this city was doing all the epidemiology and surveillance and so then they would send us put us in touch with either shelters or long term care facilities and eventually we did a lot of testing in the jail, Cook County Jail, as well as some guy youth prison facility residential treatment centers. And so they were doing the epidemiology and surveillance and then with send us places. Okay. Yeah, so that was sort of how it worked. Although there were also like, if we would hear of challenges, or we would hear of outbreaks or we through some of our own community response, you know, connections would hear things happening, we could suggest it back to the city. Yeah.

Jessie Knoles 10:23

Okay.

Stockton Mayer 10:25

Yeah. No, the city is very well equipped for for epidemiology and policy. They're not like a clinical organization. And so, you know, they, they really rely on clinical partners to really kind of help with with assessment of facilities and patients, and then testing and follow up response to the clinical component of what is outbreak investigation. So that's largely what we do.

Jessie Knoles 10:51

Okay, great. Was the city supplying you with COVID tests? Or was that something that I know that UIC had created a saliva based test for their students? Were you also using that test? No? Okay.

Rebecca Singer 11:05

We were using an a, you know, a lab, a private, you know, LabCorp, to run our tests, and so we got our supplies from them.

Jessie Knoles 11:16

Okay,

Rebecca Singer 11:16

we did minimal testing at the very beginning at UIC lab. And then our team, which we should talk about the makeup of our team, because that is unique in the sorts of things . We did use the UIC testing to keep to make sure that our team, you know, we did routine surveillance of our team to make sure that no one was getting COVID that if they did, they would not come on site. And our team is mostly is mostly made of student workers. So graduate student assistants, and then a few undergraduate and they are paid, it's a paid position, although we also over over the period of the the project have had lots of volunteers in and out, and faculty that on occasion have either worked for us or volunteered for us as well.

Jessie Knoles 12:08

How big is your team?

Rebecca Singer 12:12

Right now? I mean, there was a time where we had 200 people on our weekly mailing list asking if people wanted to work for us. And now we have I think I could look up the number but it's, you know, in the tens, is a you know, 30 people working for us? Probably.

Jessie Knoles 12:34

And we're the graduate students in the primarily in the college of medicine or the College of Nursing, or was it just,

Rebecca Singer 12:41

all health sciences actually, we've had dental students, pharmacy students, school of public health, medicine, nursing, allied health sciences. So all the health sciences.

Jessie Knoles 12:57

Great.

Rebecca Singer 12:58

except for social work, we did we did actually have a social work student, I can actually say we've had all the health sciences, all seven colleges. Yes.

Jessie Knoles 13:09

That's great. Okay, so when the outbreak response team began in the summer of 2020, it was primarily working with COVID tests. Where is it? Were there other responsibilities eventually put into place by the response team? And what were those responsibilities and like a rough timeline would be good as well.

Stockton Mayer 13:33

You know, I'll push it back a little bit. Our very first testing occurred in April of 2020. So we started testing in the shelters and hotel 166 and April 2020. By the end of May 2020, beginning of June, we started doing shelters and long term care facilities. And we did that largely until the following year, when the vaccine became available. And then we started doing large vaccination campaigns really, mostly focused on congregate settings. So housing centers in particular. And then we started doing monkey pox vaccination when that started happening, and now we're doing Ebola preparedness. So we've really and we do you know, we've been doing surveillance for drug resistance or drug resistant organisms and long term care facility. So we've really expanded what we do over the course of you know, three years

Jessie Knoles 14:48

what would you say that the biggest challenges you experienced on this team was?

Rebecca Singer 14:55

working with Stockton sometimes

Stockton Mayer 14:59

Softball! That was such a softball!

Rebecca Singer 15:02

Just kidding!

Stockton Mayer 15:04

I, you know, I'm gonna I'm just gonna say it. You know, this is one of the my, one of the favorite things I'm involved with, you know, and it's it is hard work. And I think that we've had very stressful times. But we have a very good team. And we've got a great group of folks that are passionate about the community that all work together. And so it's hard work. But I don't know if it really feels that hard right?

Rebecca Singer 15:32

Now, I think that both Stockton and I have said that at different times, especially during 2020. And that was when we were running, we were testing every day and you know, trying to make it happen and respond, especially in the fall of 2020. When numbers started going up again, that this really reinvigorated both of us in terms of our careers and sort of repurposed us for the work that we do and made us feel like it's vital and excited about it. I think the hardest thing for me and this is, is that we work with student students. And during the first two years, we had awesome groups of student workers just just amazing. And having them graduate and leave and having new groups of students come on, which is exciting. And there's potential, but it's been really sad and to say goodbye to teams, and to once you get a really well oiled machine, and you have a lot of fun and lots of funny things happen. And crazy things happen. And you develop that amazing rapport and learning environment. That that's been hard to say goodbye. And you know, so but also potential new people come in. And that's great, too.

Jessie Knoles 16:51

Could you talk a little bit more about the sort of like the breakdown within the team? You both are Co Co leads? Who would that be your titles? Were you What were you specifically responsible for within that team? And what were maybe the grad students responsible for that? Were you working under you? Were you all doing the same sort of responsibilities?

Stockton Mayer 17:16

No, I mean, I think that to be to be kind of blunt, I mean, I think sometimes, I come up with a harebrained ideas. Rebecca tells me I'm I'm full of it. And she says you might want to think about this, this and this. She organizes it really well. And then we've got this whole group of other folks that kind of implement it.

Rebecca Singer 17:42

And we I mean, the role is Stockton is our visionary, and our person who does all of the relationship, high level relationships and with the university with the city. And then based on my previous experience in my work, like I always say, I can operationalize the heck out of anything. And so that's my role is to, like make it work. And, and so then have those relationships with external people as well. But really, I'm like, on Tuesdays, this happens, you know, and so sort of that nitty gritty, making sure things work. And then we have the whole we have, at this point we've grown as well. And so whereas in the very first year and a half, I was really hands on leading testing and vaccine, we actually have a vaccine lead, a faculty member from the College of Pharmacy, Sarah Mackenzie, and we have a testing lead, who is a faculty member from the College of Nursing, Deanna RJ Garza. And we actually also have a program manager, Sam Renee, who is based out of the College of Medicine, and then we have our student workers. But I will say one thing at the very beginning and the first year. So in the beginning, when I started, I learned from students. I didn't know what I was doing, like I like the students taught me how to do the work. And then, you know, it really was an amazing learning experience for our students to first of all have leadership positions. We've hired two out of our three testing leads started as students on the project and grew into leadership positions. The students, you know, really have helped us do amazing problem solving. They're always coming up with good ideas about how to do things better. And so that's been a really, so whereas there is on paper, a hierarchy, we think you know, that there's lots of opportunities for growth and for contributions.

Jessie Knoles 19:45

Great. What were some of those, maybe issues or problems that pops into the scene that those grad students were helping you to solve? Or there are certain roadblocks Along the way?

Stockton Mayer 20:01

I mean, before, before Rebecca joined the team, you know, like the the grad students, and the students were really kind of helping solve a lot of the logistical problems like, how to organize a team, kind of a volunteers on the fly, how to how to create, you know, like schedules of volunteers to help meet the needs of the testing needs of the city. And I mean, as Rebecca mentioned, I mean, they, the learners really kind of figured out, like how to how to operationalize so much of what we were doing. And so it was a it was, it was really, really impressive and huge. Go ahead, Rebecca.

Rebecca Singer 20:43

The other thing, I think, like once we started doing vaccine outreach, as well, we had a student who became who was our outreach lead, and, you know, like, the communities that we were the city was focused on the communities that had been most impacted by COVID. And so as we know, it's our disinvested communities already the Black and Brown communities on the south and the west side. And that's where we were mostly going into housing, sort of subsidized housing units and elder housing, for senior housing, CHA [Chicago Housing Authority] senior housing and stuff. And people who look like me, you know, like, like me, but I don't look like them. And I'm a stranger. And so really, our students knew the communities better spoke the languages, spoke the, you know, knew how to relate. And so they were teaching us how to do outreach, we gave them some very basic training and motivational interviewing, and then they really manage, like figured out the best ways to encourage people to get vaccinated. So I learned a ton from them in that way.

Jessie Knoles 21:53

So was that information sharing, primarily done face to face then? Or how did members of the unhoused community in Chicago sort of hear about how vaccine and testing was available to them?

Rebecca Singer 22:10

It was all face to face like we would show up.

Stockton Mayer 22:15

Yeah, we did. You know, we were an organization that was really, we were really in the thick of it really on the ground. And we were in facilities from, you know, shelters, long term care facilities, the jail as Rebecca mentioned, we were kind of live and in person for everybody.

Jessie Knoles 22:34

That's great. Did you face any sort of hesitancy about vaccinations when the time came? Yeah.

Rebecca Singer 22:44

Yeah, of course,

Stockton Mayer 22:46

we had that we had hesitancy about testing, and we had hesitancy about vaccination. And I think that, you know, a lot of folks particularly in the shelter system, you had this dynamic where the residents were scared, you also had the faculty were scared, or the the staff were, were scared. And as a result, you know, we were called into facilities several times, for testing. And that became burdensome for the staff and for, for residents. Initially, we started we were doing these nasal pharyngeal swabs, which were very uncomfortable. And it took a while for us to transition to the antierionary swab, which were much more comfortable. And, you know, they, after a while, folks became very resistant to it. And we really had to really push and work with them, to advocate for them to get more comfortable testing, and then to be, you know, kind of understanding of the of people's resistance to getting testing.

Rebecca Singer 23:55

And the vaccine hesitancy is is real, and you know, and I think that we had the sort of bandwidth and the patience and the desire to do a lot of those one on one conversations, if you if it took talking to

someone for 20 minutes and answering all their questions, then that's what I took. We did it was during the summer of 2020. We went 2021 excuse me, we went you know, door to door. And, you know, on air conditioned housing units, apartment complexes, talking to people about a vaccine just to try to get you know, answer everyone's questions and make sure that they felt comfortable with their decision, whatever their decision was.

Jessie Knoles 24:43

And just so I have an understanding of how present this, this team was, in your day to day activities, was this something that you had devoted your 40 plus hours a week of work to or were you Doing this, like half of your week while also tending to your clinical responsibilities at UI Health. And were you also, were you teaching as well? Or like, how many hours a week would you say was devoted to the COVID response team work?

Stockton Mayer 25:18

Very, very early on. I mean, it was all kind of volunteer, I would say from, you know, from March until June, it was a, it was a just, you know, kind of a, this needs to be done activity. And so, you know, I was doing this, but I was also on service at the VA are on service at the university and a lot of our clinics had been shut down and moved to telehealth. But, you know, I mean, this was, this was kind of it. As, as you know, we got, I would say, professionalize the city, you know, gave us a contract to do the work that we were doing. You know, it was we got more dedicated time, but, you know, this is this activity is woven into our daily lives now.

Rebecca Singer 26:07

Yeah, I mean, I basically did two jobs, you know, like, I still had to teach, and I still had to sit off serve on committees, and I still had to do my service. I'm like, so this was on top of that. And like Stockton said, eventually, we started getting more credit and dedicated time. But when there's an epidemic, and there's a outbreak, and you need to spend, however many hours a week doing it, even if you have dedicated time, like it was almost, you know, it, that's great. It's great that the University recognizes it. But it's not as if at the end Stockton Mayer like, "look, there's our there's our 10 hours this week, we're done!" Yeah, also, in the fall of 2020, we were..., Stockton can tell this better than I can, but we were we started to be part of a national study as well, for about COVID. And so looking at seroprevalence in communities around around the country. And so we also ran that research study on top of our testing and vaccination programs, because it's never enough. There's never enough to do so we can always add more.

Jessie Knoles 27:22

Yeah, I'd love to hear more about that.

Stockton Mayer 27:25

Oh, you do. Oh,

Jessie Knoles 27:32

is that something the city of Chicago wanted?

Stockton Mayer 27:36

No, no, no, no. What happened was so one of one of one of the things I am one of the Co-investigators down here in the ER, one of the investigators down here in project wish, which is the the research section and our boss, Rick Novak, who was very involved in in COVID work and COVID response was getting all these requests for studies. And one of them was this large. What's called this this Coronavirus prevention trial network study looking at seroprevalence in the community. And, you know, one of the communities they were looking at were long term care facilities. And he asked if we wanted to do it, because we were working in the long term care facilities. And I said, "Rebecca, you want to do this?" And she said, "You're crazy." And then we did it. But it was, I mean, it was, I would say it was, it was it was intense. Because we started doing the seroprevalence study. It was community based. We literally put up tents on sidewalks, and ask people in the community if they wanted to have their blood drawn and their nose swabbed. And we did it starting in the dead of Chicago winter. So it was I think our very first day out in the community, it was maybe 15 degrees, maybe colder. It was It was God-awful. And you want to talk about like, like heroic. I mean, the the people that were working on this study. Were many of the people that were working on our testing program. I mean, just absolutely. I mean, unbelievable. Unbelievable people.

Jessie Knoles 29:15

Did you did a lot of people partake in this study?

Stockton Mayer 29:18

I think we we had over 1000 people, didn't we?

Jessie Knoles 29:21

Oh wow

Rebecca Singer 29:22

Yeah, yeah.

Stockton Mayer 29:24

I mean, as far as like sites were concerned. I mean, we were I think in the top five as far as enrolling sites, and they were they were like 14 to 19 kind of around the country. Certainly New York City enrolled quite a bit but no one, I think aside from maybe one of their sites started open before we did, and we will certainly the northernmost site to enroll folks. So it's something that I think that that I'm very proud of I think from our team's perspective, I'm not sure the study the people that conducted this study really love this as much as we did, but I But we were. Yeah, that was that was an impressive undertaking.

Rebecca Singer 30:07

And I think for our own personnel, our students, workers and our own personal growth, like whatever came from the research study, it was interesting to having a study rolled out about seroprevalence, and attitudes and behaviors around COVID, at the same time that a vaccine was hitting the, the hitting the community and a year in. And so for me personally, it was interesting to sort of spend time about, you know, trying to talk to people about COVID. And so I think that that was interesting. And it was

interesting community work and things that we learned in terms of educating our students about issues that they faced and, you know, concerns that students have working and communities and how to prepare them to work, do real community work was fine. I think that both Stockton and I really were committed to the public health part about this project and safety. But we are also both really committed to are cognizant of our role as an academic institution and as a learning institution. And so we take that role very seriously and purposely continue to work with students, even though there are challenges to staffing something like this with student workers who can be flaky and have exams and have rotations that, you know, they're suddenly never available on Tuesdays or, and then they graduate. We feel committed to their to, to giving them these learning opportunities as well.

Jessie Knoles 31:43

That's great. So just so I have like an idea of the scale of this, how many? How many either shelters or long term care facilities or jails where you regularly trying to implement testing with?

Stockton Mayer 32:04

Rebecca, do you have the numbers on the

Rebecca Singer 32:06

I'm pulling that up right now? I think I can. If you give me a few minutes, I can try to find our

Jessie Knoles 32:14

yep, that's fine. In the meantime, I will also ask, I know that the name of the team has changed to now just outbreak response team. Is there anything that the team is still doing in terms of COVID-19? Or primarily that? Would you like to talk about how that looks right now?

Stockton Mayer 32:35

Yeah, I mean, the COVID-19 stuff looks very similar. I think that, you know, we're still we get called to test and in to do point prevalence surveys in some of the in shelters and other areas. We certainly provide so provide vaccination and in congregate settings, particularly in in with CHA, Chicago Housing Authority. And, but I think, more interesting, at least for me, and more exciting is kind of the work we're doing beyond COVID. So I think that our team was incredibly instrumental in helping with the the monkey pox outbreak here in the city of Chicago. And I felt like our response was very successful based on the work that we did in COVID times. I think that the work that we're doing in long term care facilities for identifying drug resistant organisms is also very cool stuff. And the fact that we get to be involved in Ebola preparedness is also kind of really exciting. It means that our university is is you know, kind of very interwoven with other local universities Department of Public Health and creating a safer community.

Rebecca Singer 33:55

I'm having trouble sort of, we've done over 20,000 tests. That number, I'm having trouble and we've given probably close to 6500 vaccines overall. Oh, no, no, no, no, no, no, no, no, no, it's way more than that, because we gave all of those monkey pox vaccines. Were probably close to 8000 vaccines. I could look up the numbers, but it's I'm having a little bit of trouble getting the complete total. But yeah, it's.

Stockton Mayer 34:33

Lots. Lots. Lots

Jessie Knoles 34:37

Um, okay, so, I might be backtracking a bit here, but the unsheltered Chicago coalition that was with the the hotel 166 Or was that something else?

Stockton Mayer 34:54

I can't- I,

Jessie Knoles 34:56

was that [inaudible]

Stockton Mayer 34:58

What's that?

Jessie Knoles 34:59

Was that something that You worked on?

Stockton Mayer 35:01

Yes, I Well, I can't remember what the early name was the the current name of it is it's totally slipping. I haven't seen it. I've found my phone. I can look it up. It is. It's got another name now.

Jessie Knoles 35:19

Okay.

Stockton Mayer 35:19

But yeah, I mean, it started as a very small group of folks. So us, you know, I think Steve Brown from UIC was also involved. Evelyn Figueroa from UIC was involved and then Steve Rothschild from Rush. Good friends Wayne Detmer and Tom Huggett from Lawndale-Christian. So this this crew kind of all got together at the very beginning to kind of figure out a plan for this stuff.

Jessie Knoles 35:48

Okay, so it wasn't

Stockton Mayer 35:50

called charge CH, R RG E or something like that. Okay. Is the I think that is the new name for this that. Chicago-

Rebecca Singer 35:59

Chicago homeless.

Jessie Knoles 36:02

Okay. Okay. So that that was a separate project that you worked on from the rapid response team.

Stockton Mayer 36:09

That was kind of the start of it all, like that little kind of seed was the start because what happened was we started testing within the shelters and we kind of operationalize that.

Jessie Knoles 36:22

Okay, great.

Stockton Mayer 36:23

So from that, from that participation that that group grew, you know, sure. The outbreak response team.

Jessie Knoles 36:30

Okay. Great, thank you. And, as far as UIC goes, How was UIC? Directly playing a role within this. I know you both represent UIC but were you working with maybe like higher up administration within UIC or UIC? Sorry. During this outbreak response team, did they play like any sort of external higher partnership with with this?

Stockton Mayer 37:02

I think that the the UI Health as an organization was supportive, but happy to allow us to grow this on a grassroots level.

Jessie Knoles 37:18

Okay, great.

Rebecca Singer 37:20

I think that now, once we, with this transition to outbreak response team, I think that our level of collaboration with UI Health has increased. We, you know, we were working with the city on monkeypox, to make to offer vaccines and around the city, and we worked with you I have to get a standing clinic on you i house. You know, so they were offering clinic every day. And so that was work that we did with you, I came to you eye health and said like, can you do this? And so how I worked with them. And then now with the Ebola response that were there is no Ebola in the United States. We're just have to say that right away. But preparation for Ebola. You know, we're working with the city, but then we're also collaborating with UI health to be part of that. And I think that there is some recognition of our expertise in doing community based outbreak response now at UI Health. I think we're now on their radar a little bit. We flew under it for so long. Not a bad thing.

Jessie Knoles 38:36

You mentioned that the city of Chicago contract like contracted with you is that a contract that will expire and then will need to be like reassessed and renewed at some point, or what does that contract and relationship look like?

Stockton Mayer 38:52

Yeah, it was the initial contract, I think was only for when they were maybe it was three or six month contracts six months or something like that. So you'd continuously for a couple of years, they released requests for proposals about I guess, I don't know, over a year ago now. as kind of like a kind of a more encompassing, like outbreak response team. proposal or request for proposals. And then so we, we applied for that, and then we got it. Okay, so, yeah, it has already kind of expired, and then we've re-upped and so we're just actually starting a new contract with them.

Jessie Knoles 39:35

And I'm not sure if this has been already mentioned, but at what point did the name change to outbreak response team

Rebecca Singer 39:44

this year? When were the new contract with the city when it became clear that they wanted us to be a Standing Team that responded to any to all sorts of outbreaks. I mean, we are part of the city's pandemic preparedness. Like there was just a recognition that as COVID that became less prevalent and less of an out, you know, crisis that there is a need to be ready for the next one.

Jessie Knoles 40:08

Okay, great. Um, okay, I think I'm going to wind down the interview a bit now. But I am also wondering if there were any other projects that you worked on either together or individually that highlighted UI Health's response to COVID-19.

Stockton Mayer 40:31

You know, I, this was took up a, I think a majority of our time, we mentioned the 502 study, I was also involved in the Belize to study which was a monoclonal antibody study in long term care facilities. So just kind of more work in long term care facilities,

Jessie Knoles 40:47

Great. And were there any ideas that you ultimately did not see to fruition either within this response team, or at the maybe at the beginning of the pandemic that you thought might be helpful or useful, and then ultimately decided that it was not feasible or weren't enough resources?

Rebecca Singer 41:19

We did apply for another proposal for oh, yeah, work that the city was prepping to, for this winter to be able to give monoclonal antibodies and long term care facilities, which we did that we applied and we didn't get it.

Stockton Mayer 41:39

We've lost

Rebecca Singer 41:40

there was another one.

Stockton Mayer 41:41

Which one?

Rebecca Singer 41:42

the vaccine one. Yeah,

Stockton Mayer 41:44

there was there was a vaccine site,

Rebecca Singer 41:46

a community based vaccine pop up type thing that we mass vaccination sites that we applied for did not get we were not sad. For either one of those, we were okay. So,

Jessie Knoles 42:02

okay, so how did the pandemic, if at all, affect how you approach your work, either with them? How you deliver care, or your overall mission? Or methods?

Stockton Mayer 42:17

Do you want to start Rebecca?

Rebecca Singer 42:18

I was about to say, you can start

Stockton Mayer 42:20

I'll tell you what, my my sole mission, I think that the, if the pandemic has taught me one thing, it's that, you know, you can only respond as a team. And, and that, if you want to, you really kind of protect the city, you can't operate as a single person institution, you really need to collaborate, collaborate, collaborate, and the barriers to collaboration really need to be withdrawn, when you're trying to respond to something of this magnitude. And I don't think we've quite learned that lesson yet, we kind of started to see some improvement with monkeypox. But there are some dramatic changes that need to change, if we're to kind of even remotely touch a new pandemic, and there will be one. So I think that my big take home point is that, and I, I like to believe that that every message I try and shoot across is that, you know, we really need to work together, find ways to work together, find ways to collaborate, be collaborative, in order to make stuff work, I don't feel like our health system is set up for that. You know, we are very kind of siloed in our institution. That includes administratively and the funding that folks get. And it also includes, like how we work together as healthcare institutions. So it's a big problem that we need to overcome, and we need to change that culture.

Rebecca Singer 43:53

Yeah, I what he said 1,000%. So I think that, I think it was a great opportunity to, to sort of be shaken out of like, sort of complacency and remembering why I had done humanitarian response work and how it it's so much fun, to be creative and to try different things and to just jump in and do it and to not become institutionalized. And I think the end to show our students to not become institutionalized and to I think that that's been really giving our students meaningful opportunities to learn has been really gratifying for me. And I think that that's, you know, it's sad that it takes but A pandemic for that to

happen. But I think that that's something that is a positive that came out of it. And, you know, I think oftentimes we speak we only, especially now speak about the negative impacts of COVID on our on students, and I'm learning and the healthcare system and on people's mental health and stuff like that. And that's all real, I'm not denying that at all. But that it also provided a lot of opportunities for for learning and for seeing how we can work differently. I think that that's a big thing. You know, we talk about intractable problems, like climate change, and like our healthcare system and reaching difficult to reach populations. And like, when we had to do it, we did it, and that oftentimes, we did the work and then figured out afterwards how to, you know, like, institutionalize it. And I think that that was a good lesson. And I think that, that gives me hope, um, in some ways, I agree with Stockton, but I also think, like, we showed that we could do it, you know, when we needed to get 40 people into the jail to test that. We did it, right. Like, there was, like a will on the part of the that's a very difficult institution to crack the nut of I worked there prior to the pandemic, right. And it was always like, "give me a list of everything, you that black markers, list, and you know, like, those scrubs are too tight!" like everything, you know, it's like, so difficult. And then here, they're like, "come on in," you know. And so I think that that was really good to see. So

Jessie Knoles 46:41

thank you. I hate to think about regrets. But is there anything that you wish that you would have done a little bit differently?

Stockton Mayer 47:00

Do you have any regrets?

Rebecca Singer 47:02

I don't live in the world of regrets.

Stockton Mayer 47:04

I don't know if I regret anything, either. No. Yeah, I don't. I don't have any regrets.

Rebecca Singer 47:13

Yeah. I mean, I think that I'm also not a person who like walks around, like, "everything happens for a reason." It doesn't like, shit just happens, crap happens, like the pandemic happened, and all the shit that happened with the pandemic happened. But I am a person who, you know, is thoughtful and reflective and likes to make meaning. And I think that we'll be making meaning of this for a long time to come. And that I think in that way, I think it's not entirely clear how it will have changed us professionally or personally. Any of us, I think that it will take time for that to really come through and it will change with time. But I don't, yeah. And I think like truly the best thing to come out of the pandemic and really, that it took a pandemic for it to happen I'm cool with that, like it made it quote unquote worth it was my relationship with Stockton and getting to work with someone who as as passionate and as visionary, and as warm and funny and caring and devoted, has been a lifesaver for me.

Stockton Mayer 48:31

what she said

Jessie Knoles 48:36

Do you think that the COVID 19 pandemic has affected the way that health care professionals, population health experts, public health experts think about or prepare for future pandemics? I hope so.

Stockton Mayer 48:54

You know, it is like it was so you notice some small incremental change with monkeypox. And there were still some really messed up things with the whole initial initial thing with monkeypox. getting our hands on, on effective testing was a big problem. Making that streamlined, getting hands on therapy was a problem getting funding funneled to organizations continues to be a problem. And so now we we have not learned our lesson. There has been a little bit of improvement. So we did a little bit better with testing. We did a little bit better with decreasing administrative barriers to get things like TECHO Vera mat, which is a therapy. But it still could have been better. And we still could have been more prepared. And I get the sense that you know, the way we're handling Ebola is a little bit better. Like we don't have any cases outside of Uganda right now or outside of Africa. We haven't gotten anything in Europe or in the United States but we're already having the conversation we're already getting protocols in place we're already you know thinking about testing and and strategy He's, and that is really good. But, I mean, we're still a ways away.

Rebecca Singer 50:07

Yeah.

Jessie Knoles 50:10

Okay, is there anything that we haven't yet touched on that you would like to talk about before we wrap up the interview

Jessie Knoles 50:25

then that's it. I thank you so much for meeting with me today and talking with me. I really appreciate it.

Rebecca Singer 50:34

Thank you, Jessie.

Jessie Knoles 50:36

Bye

Stockton Mayer 50:36

bye