Merrimack College COVID-19 Oral History Project

Interview Subject: Dr. Traci Alberti

Interviewer: Katie Tully

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Transcript edited by: Katie Tully

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KT: I'm Katie Tully and I'm conducting this interview for History 3325's project "Experiencing the Pandemic," a Merrimack College public history project. It Is Tuesday, November 30, and it is 12:30 pm and I'm at Merrimack College interviewing Dr. Tracy Alberti via Zoom. How are you doing today, and can you tell me where you are joining us from?

TA: Good afternoon, thank you. Yes, I'm doing well today. I am joining you from my office here at Merrimack College.

KT: Alright, and before we start, I just want to go over that you've signed the informed consent form and that you have the right to not answer any questions. Then, after this interview you'll be given the chance to review it and decide whether or not you want it to be posted online and then, if you want it to be posted you will sign the Creative Commons license.

TA: Sure, yes, thank you.

KT: Okay so for the first question, can you tell me about what was going on in your life prior to the pandemic? What was your role on campus and how did that change and then what changes were happening career wise in your own life?

TA: Okay, so prior to the onset of the pandemic, I was working as an assistant professor in the School of Health Sciences, but I also am a family nurse practitioner, so, in addition to teaching here on campus in school of health sciences, I taught human pathophysiology and I taught a course called "Social Determinants of Health." I also worked in a per diem basis at an urgent care facility as a family nurse practitioner. And then when the pandemic hit my roles changed.

KT: How did your role change at Merrimack?

TA: So when the pandemic began it first started over in China, and then, as we started to see cases evolve on the west coast in Washington state and Oregon areas where the first cases were happening in the US–and that was probably around February timeframe–and I was asked to participate in a panel discussion that was put on here at the college–kind of an informational session on COVID-19 and so that was around the end of February. I was asked to serve on the panel as a clinician so I was able to speak to viruses, in general, and how to protect ourselves for viruses and there were a couple of other faculty members that also were serving on that committee. A couple of weeks later, the pandemic was starting to kind of progress. Cases were now starting to be seen in New York, I believe, at that point in time, and we were approaching spring break. Several colleges in the area were starting to make decisions and announcements for closing their schools or transitioning to remote around that time. So March of 2020 Merrimack College went on spring break. Prior to that, so you know the beginning of March, President Hopey put together a task force–a bunch of people, leadership and different professors with different backgrounds, other administrative staff with different areas of expertise through the college to serve on this task force that he put together to try to help us navigate–and I wasn't originally a part of that but somehow word got out that I was a clinician, and so I was then asked to join that task force so by the time spring break rolled around I was on the task force. The college closed for spring break–we were meeting daily at that point in time trying to figure out what would be the best scenario for the college. How we would transition to remote learning if we were to not reopen understanding the risks of reopening, how to manage not reopening and–when we initially made the decision to just delay spring break–so our spring break in 2020 lasted for two weeks as administration was really making decisions as to how to move forward, so we ultimately did make the decision to transition to full remote we had that second week to rapidly get faculty members the tools–we had to, of course, you know, transition to the online platform, acquire Zoom, you know, get everybody transitioned to that so that that was what was decided upon, then. And immediately after making that decision to stay remote for the rest of the semester President Hopey and executive leadership started creating plans for how to reopen–when and how to reopen and so at that point in time I was named a co-chair of the–I believe it was the mitigation subcommittee–we kind of divided the task force into, you know, an educational group. So there was a bunch of people that were working on the educational transitions and all that would need to be in place there. And I was leading the group that was thinking about how to come back to campus–what kind of health safety guidelines we should be following and what we needed to do to implement that. So that was the beginning of the, you know, the beginning of the pandemic like in the spring of 2020 and then in the summer of 2020 I was asked, as we were realizing the types of testing that we wanted to implement here on campus, the protocols that would need to be in place to keep the campus safe. You know, it was becoming evident that we at Merrimack College would need our own little public health–if you would–kind of office, and so I was asked to take on the director of COVID surveillance, so I led and did the management of all of the testing during that time–that when we returned in the fall of 2020 through the spring, when that semester ended in 2021 we did I think around 180,000 COVID tests that year academic year. And I was the one managing all of those results. I worked with a team of clinicians. We did have some nurses that worked for us, that helped with contact tracing. I made the initial phone calls and then I had a team of nurses that would do follow up phone calls contact tracing to identify people that were at risk of exposure, placing them in

quarantine, providing those guidelines, communicating with the local boards of health and the state. Lots of coordination around that so I was the director of COVID surveillance and I was also the interim director of campus health services. We were not seeing patients in person in the fall of 2020, but then we did have a vaccine, as you may remember, became available in winter so early January of 2021. So once healthcare providers were first vaccinated then we were rolling out health services and I was overseeing administratively the health services for the campus to just kind of help coordinate all of the care and the wellbeing for the campus so my job changed dramatically during last year.

KT: Were you teaching during that time, in the spring, when we first transitioned and then in the fall?

TA: So in spring of 2020 I was teaching two courses and running a research project in the city of Lawrence. The research project got shut down because it was an educational program that was not equipped to transition to remote for that spring of 2020. But I was still teaching human pathophysiology and a course called “Social Determinants of Health”--so that was in spring of 2020 and, fall of 2020 when I took on those new roles as director of COVID surveillance and the interim director of campus health services, I did still teach one course in that fall. But in the spring of 2021 what we did was our testing protocol initially had everybody testing once a week. And then through different times in the fall semester we may have observed a group and we may have seen an uptick in cases among a group and so we would increase testing for that group if it was a team, or maybe a residence area that we were watching and noticing a little bit–you know a little bit of an uptick in cases–we would respond by increasing our testing because the faster that we were able to identify cases–and we were so quick that we were able to identify cases a lot of the times before patients even started to experience symptoms, and that was the best scenario because if we identified the actual infected person before they were actually feeling symptoms, we could quickly figure out who they were around and who they had exposed and put those people in quarantine. And so we would be lucky enough on several occasions that quarantined people would be in quarantine and then they would test positive, but it would be two or three days after they've been in quarantine. So therefore that exposed person when they became infected did not infect anybody else because they were already by themselves in quarantine. So that was really rewarding and I think, you know, it was really emotional for a lot of people to be diagnosed and scary for a lot of people, not knowing what this virus would do–you know we definitely saw the science and it really did follow some similar other illnesses, where the more vulnerable the state of health of somebody who becomes infected them greater the risk. But we also saw some one-offs and some unpredictable cases where somebody who was otherwise healthy would have a more difficult time with that infection. So it was a scary time, so to be able to successfully lock it down was really rewarding and we really understood what that testing was doing. So by the spring semester of spring of 2021 we were already adapting our testing protocol, and we had moved to twice a week testing. We moved to testing to be available six days a week, rather than five days a week, we expanded the hours and so for the spring semester, I did not teach at all, because I was working every single day, we were either running testing or I was responding to results, seven days a week. So that was the difference, and that was my teaching for the last year.

KT: In the spring of 2020 when the college first transferred to remote and Zoom learning, how was that transition for you? Are you familiar with online learning?

TA: Yeah, teaching online in spring of 2020, this platform was all new to everybody. And I may have used Zoom in an interview or something or giving a talk or some kind of communicating with, you know, on a team that was across the country on some kind of one-offs and some of the different platforms, but using it as a mechanism to teach was really new and challenging. A lot of the time in the second half of the spring semester in 2020 honestly, most of the classes, a good 30 to 40 minutes, was just really checking in on the students. With students now back at home, not everybody has a necessarily healthy home situation. They might have felt a little bit more isolated–we were all in lockdown, all kind of isolated to our homes at that point in time. So it was a lot of just checking in on how people were doing. I did have some students that had family members, they got severely ill. I had some students that lost family members to COVID, so it was a lot to do my best to support the students in their own emotional rollercoaster through that time and then trying to balance it with the learning. I did feel that I had almost an increase in engagement, because I think that some students were just happy to have something to do–to log on to class and to be participating and the classes that I was teaching were really relatable to the pandemic. I was teaching a course, “Human Pathophysiology,” which is about disease and so people would ask a lot of questions so we would talk through a lot of different body parts, a lot of different diseases and it was a relatable topic at the time. The other course I was teaching was “Social Determinants of Health,” which is all about other things in your life that may influence your health and well-being–stuff that you can’t control, such as maybe where you live, access to healthcare, the level of education, those kinds of things and, quite frankly, the pandemic really heightened social determinants of health and what and how challenges around social determinants of health impacted people in a health crisis, so it was an interesting semester for sure teaching those topics and learning to transition to remote learning.

KT: In the last year, what was a typical day and like your work life, like?

TA: So my typical day early and certainly in the fall semester, I would–I would not sleep very well. I would be up at two or three in the morning and I would be immediately checking for results. I always wanted to know what kind of–how many positive cases we would have for the day. The results would roll in overnight and certainly they would be resulted within 24 hours of the sample being picked up. We had a courier coming to the college four times a day, so that those samples would be processing all throughout the day. So my day would start around two or three in the morning, I would get up, I would check my phone. Sometimes I would get out of bed and physically go down to my computer in my office if I was nervous about what those numbers might look like, run reports, see where we were at, and go back to bed for a couple of hours then get up and start my day around five or six in the morning. I would run these reports–we had kind of data spreadsheets that different administrators would have access to to be able to know from a numbers perspective, where things were rolling out–and I would update that throughout the day. I would be checking results every hour on the hour until all of the results from the previous day were in. I would start notifying and calling if it was employees or I would probably start those phone calls early at six thirty in the morning, assuming that people would have a

commute to get to work. If they were students, I probably started calling people between seven and eight AM. I wanted to try to catch people before they were out of the rooms, quite frankly, so I was calling people early. Waking people up, a lot of students and giving them the news that they were positive. Some students would be surprised by that, because a lot of times people did not feel any symptoms. Sometimes never at all, sometimes the symptoms would come later and sometimes the symptoms would be mild in our student population. They would be easily ignored, a little bit of a stuffy nose, a little bit of a headache they just weren't recognizable. So I'd start calling people notifying them, interviewing them trying to get a sense of where they have been around, where they could have come in contact and then taking notes on who they lived with and who they had been in close proximity with–defining what that was. That definition of a close contact. Going back in time, I would take them through their day minute by minute. What did they do? Who did they eat with? Did they go anywhere? What do they do on campus? What kind of classes are they in? You know all of that kind of history from them. Giving them the educational material, finding out where they needed to go for either isolation for the positive cases or quarantine. Then working in collaboration with Residence Life and the dean of students' staff to get students isolated and quarantined through us if they lived really far away or helping them make the plans to get themselves home if they were going to be going home for isolation in quarantine. I had meetings weekly with the local boards of health, keeping them addressed as to what our numbers were looking like, what our policies were, things that we were doing on campus. Just to kind of keep that line of communication open. I had frequent contact with the state and worked with a couple of state employees. I would sometimes consult with the state epidemiologist if there were questions or even as some of the variants started to kind of crop up, we would work together to identify if we have any of those kinds of variants. They would be doing different levels of testing at the lab working with the lab coordinating. Our testing center was in the gym so we converted our gym into–I believe it was five or six rows, five or six bays for testing. Then we had a whole staff. We hired a medical firm to come in and run the actual swabbing of testing. The tests were designed for patients to be able to swap themselves but early on in the pandemic President Hopey really wanted to ensure that we were sampling patients and employees correctly, so we had medical staff collecting the samples for our population so–and then at the end of the day when I was done with those, with responding to all the results from yesterday. The next day's results would start to roll in, and I would do it all over again. I also had bi-monthly meetings with the state where the epidemiologists would get on a webinar with all the colleges and all of the people that were managing the health and wellness for the colleges and the testing. So we would always have constant communication on where things were across the globe, across the nation and across the state, how those policies were rolling out, and you know how to best implement the best procedures and policies for our school.

KT: It sounds like you had busy days every day.

TA: It was busy, it was a busy time.

KT: Did you do anything for yourself or did you not have spare time? Did you ever have time on the crazy days, where you would do something to relax even just taking a few breaths to do something for yourself?

TA: So I do remember when we first went into lockdown in the spring of 2020–this was before we were doing all that testing, before I took on those roles, it almost felt like a snow day. You know it's almost I think–everybody at that point in time, just thought in a very naive way that we would maybe be able to shut down for a couple weeks. The virus would kind of float over us and we would resume our normal lives and–you know it's so ludicrous to think back to how we all felt back then, but it was a little exciting. I remember rearranging some furniture and having a puzzle section, and the family was all home. That was kind of exciting. I had children that were at school that were also closed down, that went remote for the rest of their semesters so at first it was kind of exciting, it was kind of nice. I remember craziness at the grocery store and all that so. On one hand I remember really appreciating my family, being happy to be with my family. I remember us doing puzzles and I remember,we as a family learned how to play chess and we had chess games. I learned Raj by myself on my iPad. Things like that were kind of nice to have a little bit of those down times. I did a lot of walking with my daughter, which was really nice. When we returned last academic year from fall of 2020 to you know till the college closed in the spring of 2021 there was not a lot of downtime. It was a very busy year.

KT: Yeah. That's what it sounds like. So going back in time to the start of early 2020, late 2019, when was the first time that you heard about COVID and what did you think?

TA: Yeah, I remember hearing about COVID in, gosh, probably probably January 2020, but it was hearing about it in China. I remember hearing about the lab that was there, and so you know I don't think I in that moment in time anticipated the pandemic, but I was aware of the threat of a of a respiratory pandemic for sure. People in healthcare understood that, as a potential possibility, it still is, it always is because of the way that you know that viruses work, and they are a living organism that is going to try to survive, and so I understand that, from a medical perspective. I know that there's a lot of global surveillance that happens all the time–people, epidemiologists that are constantly monitoring influenza, strains of other respiratory viruses, so the fact that it happened, I was aware of that potential, but I didn't, I didn't fear it at that point in time, in January. I do remember when it became really real was when it was in New York, and I can remember being on a webinar with one of the hospitals in New York. I'm very much aware of respiratory management. I have an emergency room background, I have an intensive care background, so I am knowledgeable about management for certainly respiratory illnesses and even critically ill patients that are experiencing organ failure as a result of advanced respiratory illness. I understand things so when I can recall being on a webinar with the NIH. There was a representative from one of the healthcare systems in New York talking about their system being overrun. I remember learning, because it was very scary all of the people that were in respiratory failure, I did learn on that phone call that they were intentionally placing people on ventilators earlier than what we would typically do for a different type of respiratory illness. They were doing that to try to ensure that people were being placed on the ventilator in a certain setting that could be controlled, to reduce any kind of spread. Instead of

typically you would give a patient, you would keep trying to support the patient. The breathing tube would be the last ditch effort, but if you do that, then you very well may need to be placing somebody on that breathing tube in a very emergency situation. Not in a protected room where you can have some reverse ventilation and to be able to better protect the staff. I did learn a little bit on that phone call early on that they were proactively placing people on ventilators but you know, the volume of the number of people that were presenting that would need that kind of aggressive treatment was going to be very limited, and they were they were running into a lot of challenges. So it was very real and very scary for me then as a clinician understanding how they were managing it. Then also early on in some of this is just lack of uniformity and how maybe different parts of the world treat certain illnesses. But early on, we were getting word in the health care circle of not using steroids, which is a very mainstay treatment to try to decrease respiratory inflammation and that was not really being recommended early on. Later on, that recommendation kind of reversed and the use of steroids was used for management. We certainly now know how to manage. We have several tools in our toolbox to treat somebody who is ill and support somebody who is ill and we have other tools, the vaccine, of course, to prevent someone from getting ill in the first place so we've come a long way. But that's my recollection of how this evolved and when I first heard about it, and when I can remember being nervous about it and recognizing it was going to be a pandemic.

KT: So obviously working in hospitals and as a clinician you've worn masks before, but what was it like wearing one in public? Do you remember the first time you wore one out in public or didn't have one and had to improvise?

TA: Yeah I do. Masks to me and were very much clinically necessary and certainly early on in the pandemic, I was not on board. I didn't believe in the theory of masks helping or that the general public would be able to use the masks. I doubted what the benefit would be and I remember, Dr. Fauci and I felt the same way, he was also not on board with the mask use early on. My experience has always been, as a clinician and not in a clinical setting using masks, and I certainly understood that I was not protecting myself with that mask, I was protecting the patient. And so I, in my point of view with that time early on you never want to touch the exterior portion of the mask and like, how is the rest of the world going to understand? We're going to end up contaminating everything, people aren't going to understand how to put on and take off masks appropriately and will end up cross contaminating things. I believed that, you know, general handwashing and the same kind of preventative strategies that we use for all kinds of colds and illnesses was going to be our best bet at that point in time, and certainly data started to roll in that yes, wearing masks across the board decreased the transmission and then also would decrease the recipient from receiving those germs. It was strange and then just seeing everybody all around and masks weren't available. I can remember picking my parents up at the airport in March of 2020. They were in Florida for the winter and so as the pandemic was rolling on through the country, I can remember calling them and being like, "It's time for you to get out of Florida and get back to Massachusetts or you won't be able to." I was concerned that borders were going to be closed. So I do remember picking them up, and me throwing them in the backseat. I had a scarf. I mean I didn't even have a mask myself to be able to put one on, to pick them up and to get them home safe and dropping groceries at the door, and it was a crazy

time. I can remember somebody saying, “Oh, you know people will have designer masks.” I'm like that's crazy and they were right. So yeah it was, it was very strange to watch us all wear masks. I was happy to get rid of that when I could.

KT: Yeah definitely. So in like, I would say, summer of 2020 or did you start to feel that there was a new normal or felt weird as the reopening plan started to happen?

TA: Yeah it was very rewarding and I would say that I was very grateful for myself to even be put in the position that I was because I was in a very proactive role responding and it very much coincides with my personality–just being a nurse,you just want to do stuff you just know, it was not a good feeling to be in that early phase of March 2020, February 2020, April 2020 just be feeling like “What can we do?” I was grateful to be put in a position of starting to be able to look forward–how are we going to be able to do this–and so you know to get through that summer when things were starting to kind of open up and to be making the plans–we were very busy that summer, making the plans to reopen for the fall of 2020. It was very hopeful, it was very hopeful and I had a lot of confidence in our ability to have the learning space safe. I knew that we could keep the classroom space with the social distancing and the barriers. We had planned the testing, we had planned the guidelines, the hand washing, the hand sanitizer. The unknown was going to be the living situation of where students were living and so, making sure that they had the tools, but understanding that this is a population that may not respond or recognize risk in the same way, may not perceive it the same. You know and, quite frankly, you know the younger and healthier the populations, the risk of severe illness was markedly less. So I did know we recognized that we could be on the ground in a safe way.

KT: Were there any particular challenges that the pandemic or the protocols caused you or any opportunities that opened up?

TA: So certainly this opportunity to have done that job was an opportunity, I was really grateful for it, I really enjoyed the work. I loved being a part of a team. Everybody was so dedicated. It was tremendously rewarding work, it was a lot of work, it was non-stop, but it was the most rewarding year I think I have had. Even in my healthcare career I've had very challenging circumstances and, of course, worked hard as a clinician, you know work hard as an academic but that role was something intense and just kind of work wise it never really was over you never really were done. That was something I had never experienced, but it was very rewarding. There were a lot of challenges, we were–sometimes the Massachusetts state guidelines were not the same as the CDC guidelines, in the way that the way that the public health guidelines work, and the Center for Disease Control will create a guideline, the state will set their own guidelines for the state, and then the local boards of health will set theirs and so you would think it's like top down, but really the power starts close. So it would be the local boards of health that we really need to adhere to and make sure that we're following what they wanted and so they could trump what the state does, and then the state could trump what the government does so just managing and paying attention to which was why we had so many frequent meetings, and that was to help minimize any confusion, making sure we were interpreting guidelines correctly, implementing guidelines correctly. So there was challenges, making sure that we were always

current. There were a lot of challenges in making sure that everybody understood how to implement, how to interpret guidelines, how to implement the guidelines, what we could and couldn't be doing, what we should and shouldn't be doing. So a lot of education also kind of fell to me. I think, in a way that I understood it being, I happen to do research around health literacy, which is helping people understand health and so understanding risk, trying to get people to recognize that we're never going to make it to a zero risk, so what is what is a tolerable risk, what is risk? Getting people to understand what that all means. So a lot of education for everybody, for the patients and for the employees that I spoke to, my co workers, for the decision makers on what things to think about when creating policy, so those were a lot of challenges. They were fun, but they were a lot of challenges.

KT: If you're comfortable answering this, did you or anyone close to you get COVID and what was that experience like?

TA: Yeah that's a great question. So yeah I'm comfortable answering that–I did get COVID, and so did my household and so we got it. I have three kids, and so one of my teenagers had been exposed and then unknowingly it was too late, by the time we found out, he was exposed. He was already positive and then we just went down like dominoes, the five of us. But we did not give it to anybody else. That was the one good thing because we were notified right away, and then we locked ourselves down, and so the five, my husband, myself and my three kids. My kids at the time were 20, 18 and 16. The experience of COVID–it was strange. Personally I, it was an odd sensation that I had never had before so like I wouldn't even call it a stuffy nose. For me personally it felt like I had chlorine in my nose, you know that kind of sensation–nothing that I had ever felt with any other cold. So I had that kind of a sensation of chlorine at my nose. I did lose my smell. That was kind of how I started–I was like, “Oh my gosh,”--like smelling everything–”I think, I think I can’t smell.” And I did not ever develop a cough. I was tired and I think that that was really it for me. That weird sensation in my nose, the fact that I couldn't smell, and I was tired. I slept for a day and that was luckily it for me. I had very, very mild symptoms. My three kids also all had mild symptoms, I have two asthmatic so I was worried about them, but all of my kids had symptoms again for about 24 hours. My husband, who was 51 at the time, probably had the most symptoms and I would say he had a flu like kind of cough, chest congestion, stuffy nose, body aches and his symptoms probably lasted a week. So yeah that was our experience, and, the biggest thing was just being so nervous of giving it to somebody else. My parents who are in their 80’s live a mile away, and so that was kind of a strange thing. I dropped stuff at their doors, we didn't see them. So that was the strange thing, a strange time and then, we were very thankful that we recovered without any issues. We were very thankful, more thankful that we didn't expose anybody else, so that was what our experience was. It's a long time being locked down and it worked, where we were also fortunate that the five of us all got it at the same time, because it was very challenging to try to separate ourselves. We were playing musical bathrooms because my son was first positive, we were like okay that's the contaminated bathroom. Everybody else use the other bathrooms and then all of a sudden, I was next and my husband, and I think we came down with it next. Then, it was like okay well, now we all use that bathroom and it was just crazy, it was just impossible in our house. So I had a whole lot more appreciation for the poor patients in the contacts that I spoke to. There were a

lot of people that when I would call them, they just would be so emotional and I felt so so bad, so I shared my story with the people that were upset. Reminding everybody it's not anybody's fault, it was a worldwide pandemic. It's a crazy pandemic, everybody was completely vulnerable to this virus. So it's not anyone's fault, to get it or it's not anyone's fault to expose anybody, either because a lot of times you didn't even know you had it. So trying to help people let go of the guilt of that and I really work to make sure that the people here at the college, and faculty and policymakers and whatnot understood that to and that this is not anybody's fault, and we need to be 100% empathetic and supportive of everybody who is going through isolation and quarantine because that's tough.

KT: Can you talk about the process of how getting the test results worked on your end? How was it like dealing with the state and CDC's guidelines always changing?

TA: Yeah so we worked with the lab called the Broad Institute, which is a laboratory that works with MIT and Harvard University. They started doing testing for the hospitals and they created a program called "Back to School". They were very early on understanding that if colleges wanted to return, everybody recognized we needed a kind of a testing policy and procedure. They started marketing their program in maybe late spring of 2020, they started marketing their program of what that was going to be. So we got on. I remember listening to some calls, hearing what the program was going to be about, how much it would cost, what those kinds of products would entail, how the results would work etc. Leadership here at Merrimack decided early on to be a part of that, and that was tremendous. It gave us an unbelievable ability to be able to identify–we could take up, we could take down with our testing. It was so key to us being able to reopen and to stay open and to manage. We did have a couple of outbreaks–we had one outbreak on September 22. That was the first outbreak that we had and so with the ability to test we were able to respond to that and lock that dorm down and stop it from taking down the rest of the campus. The way that the tests work, they were designed to be self administered swabs just in the anterior part of the nose and then into a tube. We had testing personnel, we hired medical personnel to do that, so we had the whole system set up in the gym. It's a web based system and the order goes in as people come through the line, they proceed down into a little privacy bay and within those would be swabbed. They're labeled and put into a tube that's all confirmed that the swab matches the person and they get sent back to the lab. We had pickups four times a day, we were running our operations, I believe, 11 hours a day, and maybe maybe we started at 10 hours a day in the fall and then we expanded to 11 hours in the spring. But in any event, we were testing constantly. The samples would be sent by courier to Cambridge to where the lab was and that's where they would be processed. The results would come back and I was able to flag the system so that I would get an email directly to my email that a positive result was there. Because we would be getting batches, we were running I don't know 1200 to 1500 tests a day, and we would get batches of results 400, 600 at a time, and so I would get an email flagged that a positive result has been returned, so that I could then go to the web-based system, run the report, sort the report to be able to see and identify who it is that was that was positive. So that I could quickly make that call. So having that system setup in that way enabled me to be able to respond right away. We had webinars with the lab. They progressed from the observed swabbing to self swab kits. We had those kits available in the spring of 2021,that

weren't originally available in the fall of 2020, So we had different seminars and they also worked with an app development company. If you recall, we had an application that we worked with called CoVerified. They communicated results from the lab directly to the app so that the users could see the results. You would not see a positive result until I released it. That was done on purpose, so that we could notify people directly, so that they don't have to look at an app and have some kind of a panic attack by themselves. We wanted to be able to talk to anybody who is positive. Then we used that if you recall, to allow people to have access to the campus was the ability for us to know that they were testing and staying within their testing protocol of once a week or twice a week, whatever that was at the time and filling out a symptom checker. That was kind of how the testing worked, we had to coordinate with the courier making sure that the samples got to the lab. Sometimes the samples were being delayed. We also had a project manager that worked directly with me from the lab, so that was my contact person if I was missing a result or results were coming in slower than I wanted. I could contact them and ask where they were or what's going on and it was a very cohesive group. That's how it was, so lots of coordination through lots of different people. Then, when the variants started, or if I had somebody that had tested positive before and now testing positive again, I could call the lab and ask for sequencing if I wanted to to identify the strain. I could also ask for additional testing to kind of give me a hint on viral load, so I could tell if the virus was new or old. I would sometimes do that if I had a case that I wanted to investigate a little bit more, and what was specifically happening.

KT: So there were various outbreaks during the year, but how do you think the community students and faculty that were on campus handled the change and protocols and handled testing procedures and all the COVID guidelines?

TA: So the very first outbreak was in September, and it was a freshman dorm. There's so many interesting stories for this, so again, I was seeing a little bit of a larger number than what I expected. I think initially it's six in the morning it might have been eight or nine and then by 7 am it was 10 and I was like, “Oh, boy.” So it was relatively something–a story like that–and I was texting one of the executive leaders like we've got a problem, like you know heads up heads up and so that person was in the shower, their wife alerted them. We were quick to respond that like, look, there's trouble in the making. A lot of these cases are coming out of this one dorm area, so we responded quickly. Leadership made a very quick and smart decision to lock that dorm in place. We also made a very quick decision to test everybody who hadn't already been tested on the way out and that really gave us a huge opportunity. We were asking everybody who was leaving that dorm to treat themselves as positive and to stay in quarantine. Having had those additional tests that really sent the message as we were kind of unfolding. I want to say that there were I think that there were over 100 cases that came out of that dorm, once people were even home and all of that kind of followed. It helped us really identify it and lock it down. Similar situations that were happening in other places, would cause a whole campus to close, because they were not able to kind of quickly test and figure where everybody else is and make everybody stay put until their through their exposure period. So that we could truly stop it from being this humongous outbreak, and so we were able to do that. I think that early on that caused perhaps some panic and fear for some people. I hope our communication, our

transparency and what we were doing, why we were doing it. The hope was that that provided reassurance, and we were not going to be able to stop the virus, but if we could identify it and lock it down, we could slow it down, we could stop it on our campus. That was the messaging. Then we were successful, that was it that was that first and one experience. Then we learned to use our testing tool, and so we did it a lot, where I would have the ability to notify certain people if I wanted certain people to test more and sometimes I had different teams testing more or different dorms testing more or different groups testing more if I started to watch something or get suspicious of a couple of friends that may have been positive. You know–she's with what circles, what do they do–and be able to kind of push that up and push it down. So I do think that we were successful in being able to keep the campus open through the rest of that time. If you recall, we did close end of fall of 2020 for Thanksgiving. That was purposeful. We knew that we were very safe here on campus–the risk was always just going out to environments where people aren't frequently testing and don't know what their status may be. Exposures kind of going on that way that was much more of a common scenario, then, what was happening within our walls. We knew the greater risk once people were going home for Thanksgiving. Then the timing, to bring everybody back and then falling into finals and whatnot we knew that the best answer would be to let everyone go home and then stay home. Rather than risk trying to bring everybody back and then dealing with isolation and quarantine and all through finals. We did that on purpose. Then fortunately the vaccine, all of a sudden became available and so that was a very exciting pivotal point in the late 2020, early 2021 timeframe. I do think that we did a decent enough job with our outbreaks. I'm sure people were scared but my hope was that our transparency and our actions, and in our communication eased some of those fears.

KT: Yeah, definitely they did. With that big outbreak in the fall, I remember as a student there were helicopters flying around campus, it was covered online and on local and maybe even national news. Within the area it was one of the first outbreaks in a school, so what was that like from your perspective being watched by so many?

TA: I don't remember the media. I mean, I guess I do ,you know. Then, of course I know, I guess, I guess, we were under a little bit of a microscope but honestly we got some praise from the state. The state epidemiologists were really pleased with how we responded and the fact that we did test everybody. And we did have a debriefing meeting with the state and with the local boards of health and it was very positive. I remember being at first almost nervous like, “Oh geez, are we going to be in trouble?” But they were very positive and they were very impressed by the way that we managed it, our policies. We did everything in conjunction and in collaboration with all of the policymakers all along. So again the transparency, the communication, we got some very positive feedback for that point in time.

KT: Since you've worked on campus before COVID existed, did you notice a change in the community and the students and faculty from before COVID to during and after COVID?

TA: Yeah, so we were all off campus that spring of 2020. We all went home and I remember coming back on campus in the summer sporadically. We still were doing all of our meetings and planning through Zoom. But I would be on campus physically to set up and to kind of observe

some of the equipment, setting up the testing center. Obviously I was here, physically doing all that, making plans for all that so I was here. Then in the fall, it just wasn't as social and you can see that. My office is in the nursing building and so obviously all the nursing students were all here, all the nursing faculty were all here. We know nursing can't close down so we were still all here, so in my building there were still people but just you know I look out over the campus. I have a window that looks out over the campus and it was kind of quiet, for sure, for all of last year. It was nice to see people back and then, this year was very rewarding seeing people back. Seeing activities resume, we tried our hardest to keep sports alive through that academic year and keep activities going. It's just so important, to have other experiences and for social interaction. I think for just human development and for our health and wellbeing so I really wanted to see us be successful. I know that the college worked really hard. All avenues of the college to try to maintain some of that normalcy and some of those activities for the students, but it was really hard, so I'm happy. I'm happy that we are closer and closer to normal.

KT: As an individual who has been through the pandemic and then also as someone with a clinical background who understands the science of the vaccine more than others, what was it like when the vaccine came out and became available to not just like first responders, but to everyone?

TA: That was–that was very exciting. It was very exciting and I was pleasantly surprised at how quickly we were able to move that forward. I know that the speed that came through scared a certain segment of the population but, for me, I was not scared. It highlighted, for me, the red tape, the bureaucracy, the inefficiencies of the systems under normal standards as to how long and how unnecessarily slow it takes to get things evaluated. That's what that highlighted to me more than the speed at moving forward, and I think that we have to remember everybody was focused on doing this, so it just shows that, once all eyes are on one project, how much we can accomplish as human beings, as a worldwide society. I was excited about that. I also know a lot of people were nervous around the mRNA technology, but that was not brand new for COVID. I understood that as well, it was just taking the science and then just advancing it in a little bit of a different direction. That was very exciting and early on, once that vaccine became available, it just was extremely apparent that that was going to be our only way out. Trying to encourage, I worked very hard, we did get the vaccine here on campus in January of 2021 for our own campus wide first responders. The state was very controlling and selective with where that vaccine was going, justifiably so, if you recall, the vaccine–the Moderna, I actually have an empty vial right here from that. Anyways, it was very fragile, so Moderna needed to be kept frozen, but I don't even remember what the temperatures were because I've been away from it now for a little bit, but it needed to be frozen, in a normal freezer, kind of normal freezing temperatures. Once thawed, very fragile and needed to be handled very carefully and had a very short shelf life. So I understand the state at that point in time was not ready really for kind of just handing it out at all of the local levels. Their thought process at the time was to distribute to a mass vaccine site, have everybody come to the site, because I think that they believe that they could control the fragility of the vaccine a little better. That was Moderna and, at the time it was Moderna and Pfizer that were really only approved early on. Pfizer was even more fragile and had to be kept even colder, in like negative 70 degrees and and so to think about how

logistically a local board of health or a local doctor's office would be able to have that equipment, utilize that precious vaccine, in that specified time frame without wasting any, and so we did in January. The college did have the ability, and we did get 100 doses, and then I was able to give the second doses another hundred of second doses in February of Moderna, and then the state stopped giving colleges vaccines and we moved to mass vaccination sites. The message in the way to end the pandemic was absolutely vaccine. We're seeing it now, we saw the delta variant and now we're seeing another variant and that will continue until we have people that are immune for the virus to infect. That will be the nature of the virus as it strides to survive. Vaccine is it. It was so exciting. I'm still excited. I'm actually getting my booster tomorrow. So yeah. I totally encourage everybody to do it.

KT: To wrap up, what would you want future people to know or, if you could give someone in your position advice, if they were to go through this in 150 years and hopefully not soon–

TA: I think that we had the opportunity to learn a lot and I really hope that next generations are going to be better prepared. I think that the pandemic highlighted the significance of health, of being healthy, of having health and having access to health care. I really hope that there are changes that can go on to see that we are all in this together. We're all human beings and, at the end of the day it doesn't matter your wealth, if you don't have your health, and so I really hope that we think of some strategies to just support each other. I respect differences of opinions, but it would be nice if we could be unified when we're talking about health and well being. There shouldn't be any difference of opinion in supporting the health and well being of each other. I would hope that we could figure out a way to keep politics out of the realm of health. That's a big, big ask, but I do hope I do think that that was a big mistake certainly in our country, for that to have been so politicized.I know that you were probably very, very young, if you were even alive at 9/11, but I think that's the other big worldwide event, and you know life changing event that I've lived through. I do recall the unification that I felt as an American at that point in time at the end, and there was no politics, we were all one. I think it's a shame that we didn't have that same automatic response to this pandemic, you know we had, the globe had a unified enemy of this virus and I wish that we had responded in that way.

KT: Thank you so much. That was such an important point to make, and thank you so much for doing the interview. It was such a pleasure to talk to you and I learned so much, and I know so many other people are going to learn so much from this.

TA: Thank you for this opportunity, I mean, I think that this is such a great project. I'm so happy that you invited me to be a part of it. I'm so grateful for it. I am so grateful for the college to have entrusted me in that role last year and I do think that we had a successful year. It was a stressful year, but it was a successful year. Thank you, thank you for talking with me Katie.

KT: No problem it was very fun! Have a nice day!

TA: You too, thanks bye bye.

KT: Bye.