

UIS Rapid Response Team Interview

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Karen Whitney, Interim Chancellor, University of Illinois Springfield

Kelsea Gorski, Associate Chancellor for Public Affairs, University of Illinois Springfield

Bethany Bilyeu, Executive Director of Student Support Services, University of Illinois Springfield

SPEAKERS

Jessie Knoles, Bethany Bilyeu, Karen Whitney, Kelsea Gorski

Jessie Knoles 00:01

Okay recording now. My name is Jessie Knoles and I am a Project Research Associate with the University of Illinois Archives. Today's date is Wednesday, January 11, 2023, and I am meeting with members of the Rapid Response Team at the University of Illinois Springfield to discuss policies and procedures put in place by UIS in response to the COVID-19 pandemic for inclusion in the University of Illinois COVID-19 Documentation Project. Our interview is being conducted over Zoom. And before we began, could you each please introduce yourselves stating your title and role within that UIS rapid response team, please?

Bethany Bilyeu 00:43

Sure, I am Bethany Bilyeu. I'm the Executive Director of Student Support Services. So I oversee the Counseling Center Health Services, Office of Disability Services, and student insurance. And I have no idea what my official role or title was on our UIS Rapid Response Team...information gatherer? Data? I'm not sure. We were all kind of doing everything at all times.

Karen Whitney 01:12

I always considered you as our Senior Health Officer, you know, on campus. In terms of the campus, that you are our expert on health-related matters.

Kelsea Gorski 01:24

And our testing lead.

Karen Whitney 01:27

Oh, my God, yeah.

Kelsea Gorski 01:32

I'll go next, Kelsea Gorski. I'm the Associate Chancellor for Public Affairs and Chief of Staff to the Chancellor. And my role with our COVID response was to serve as the incident commander for our

response team. So, pulled together the team when needed, facilitated the meetings and helped with policy, development, and deployment.

Karen Whitney 01:59

And I'm Karen Whitney, and I had the honor of being Interim Chancellor from July 1, 2020, through June 30, 2022, where I just got to keep up with these guys.

Jessie Knoles 02:12

Great, thank you. All right, one warm up question. When did the COVID-19 pandemic come onto the radar of UIS administration and staff? What were your initial thoughts or the initial thoughts of your departments?

Kelsea Gurski 02:27

I looked through our our emails, and I can answer this in two ways. So, the COVID pandemic first was put onto our radar as early as January 2020, one of our nurses within health services began to send out information about what, you know, she knew about this new virus coming out of China. And then of course, things continued to develop over January and February. By March 2 of 2020, we began to formalize our response. So during that week is when the system response team was established, the UIS response team was established, and we were sending out campus communication about the pandemic by the end of that week.

Jessie Knoles 03:17

Great, thank you. Um, so the UIS Rapid Response Team, did that come out of the formation of the UI system team established by President Killeen?

Kelsea Gurski 03:29

Yes and no. I think it's something we would have done anyway, of course, but the system team was established, maybe a week at the most before UIS, sat out, or stood up our own team. Because we were realizing that this was becoming more and more of a serious threat to the campus and that we needed to get our own ducks in a row here on our campus, to share back with the system and align with what they were doing.

Jessie Knoles 03:59

Great. And who was primarily responsible for forming the UIS Response Team?

Kelsea Gurski 04:07

Our chancellor at the time was Chancellor Susan Koch. She had announced her retirement in February 2020. So this was just a really interesting end to her tenure. So she is the one that got our team together in early March, both at the cabinet level and then a broader group on campus that had other areas of expertise brought to the table.

Jessie Knoles 04:33

Great, thank you. So diving more into that team. What did the established roles of the UIS response team look like and how were they determined?

Kelsea Gurski 04:47

I think at the beginning, it was more of a emergency response to a health threat lens that we were looking at. So we had health and safety represented, of course, facilities. From the academic side of the house, we had our online learning expert in case we needed to pivot online. And we had other members of academic affairs in place to figure out how to support students and faculty if our teaching modality changed. We had individuals like, you know, Bethany and her team who represented our health services area and counseling. All of our Vice Chancellors. Residence Life, in case it influenced students living or moving off campus. Police, since they helped with our incident command model, and public relations, and then some areas of campus that represented large spaces of public gatherings. So like our performing arts venue, the director of that area was there, too. So really, what we are looking at is, you know, what do we need to be prepared for in terms of advising people on how to protect their health and safety? What's the worst case scenario we need to prepare for as far as delivering education? And what else do we need to prepare for in situations that involve gatherings of people, because we're starting to understand that you need to stay six feet apart from everybody. So...and then HR, of course, was at the table to help decide how any decisions might affect our employees and help us honor our staff and any obligations we have to them.

Jessie Knoles 06:34

Were you all in contact with the other university campuses in sort of establishing how you are going to respond to this pandemic at the start of it?

Kelsea Gurski 06:48

Yeah, at the start of it, we sort of had to two paths going. We had a core group of UIS leaders who were at the table, so to speak, with the System. And so everyone from the three U of I universities would meet. We had a call first thing in the morning a few days a week, just to compare notes. The individuals with the hospital at UI Chicago were really key in sharing what they knew about the virus. And so that helped inform our approaches on campus. And it just helped us stay in sync on the big issues that we needed to have the same approach for. So we were in touch with them very, very often. I can't remember how often we would meet but UIS was involved with the system approach from day one. And we had several leaders on those calls.

Jessie Knoles 07:45

Great. Um, Karen, your tenure as Interim Chancellor began in June of 2020. Were you working with the previous chancellor, Susan Koch, before that, in sort of getting prepared for what your role was going to look like during this pandemic as well?

Karen Whitney 08:07

We had kind of an overlap of about, I think, two weeks. When you're interim, things are pretty intense. So there's not a ton of time. So, you know, while let's see, probably in late May, I became aware—mid May--became aware of the position and talking with the president Killeen and Susan, and actually there's a period when you're an interim--because I work with a outside vendor, the registry--I came in and kind of, they had kind of a mini search where they looked at me and a couple of other folks to be Interim Chancellor. This came up. This was topic one. And so early on, from about late May, through

June, when I started July one, you know, I was brought in, attended several meetings virtually, could observe as an observer on how UIS was organizing itself and how the system had organized itself. And obviously, at that point, the spring semester had ended. And people were still in critical incident mode. That was very clear still. And there was this question about how do we operate going into the fall. UIS's summer programs are historically remote with very few on ground classes anyway, so that was a thankful situation. But the stress and attention was the fall. And so, my observation early on was to see how we could pivot from critical incident to ongoing operating. Because you can't live in critical--I don't believe it's healthy--to live in a critical incident space for much more than, well, three days used to be it, but I'm definitely clear that you can maybe go six weeks. But after that, it's not a healthy space to work in. So that was one of my early observations and trying to gently work with those folks to a next stage. I mean, Kelsea just described very quickly, like overnight probably, how these groupings and people were marshaled to deal with "holy crap COVID," and what I don't want to forget, though--and I'll put this, and you can decide how this goes, if it goes on the record--in February, and even early March, I started watching it, you know, just as I'm doing my work in consulting and coaching...we did not know, you guys, was this going to be SARS level of people hospitalized and dying, or was this going to be bad flu? And it actually, it was in the middle. So there was every reason to shut down operations the way higher universities and colleges did. I don't want anybody down the road to say, "Oh, was that an overreaction?" No, it was a proper reaction, because we did not know at the time how lethal this would be to students and employees. So I think it was right that it was seen as a critical incident. But I think actually, after we got through into March became April became May, then you could actually see who was hospitalized and dying and/or the level of care people needed... ambulatory...you know, what was actually occurring. And then we pivoted, work to pivot, because it was so unusual and so upsetting that the summer was that summer of '20 was really, really hard. It was a hard, difficult summer. Standout, a point of pride, though, is that Vickie Cook and her team, since UIS leads, you know, really the system in online learning. And I don't know if Kelsey or Bethany, if you remember, but Vickie and her team marshaled up, I mean overnight, modules for faculty how to teach--this is key--well online, how to provide quality instruction online. Not only did she do that to all of the interested faculty at UIS, and by the way, I think about two thirds were already teaching online, for that one third that wasn't, but they also provided that same training to faculty at the other two campuses and offered that training to all of higher ed in Illinois. And they did it fast, and they did it well. And I think one reason now today in 2023, you're seeing very few lawsuits or disgruntlement in Illinois about quality of instruction is because of that support. A lot of other states had lawsuits, they had a lot of grief, a lot of turmoil. But you know, in these moments, there are the heroes and heroines who made the front page, Vickie and her team were the quiet people who I think were heroic in ensuring that quality of instruction and preparation of our faculty. At the same time, the team that Kelsea and Bethany led, and really cadres of student affairs professionals, were the quiet heroes about preparing to do things they never did before for the students. And that Melissa Mlynski and her team of HR people with Bethany, were trying to figure out "how do we be an employer where people could feel safe enough to do their job?" All that was happening when I hit the ground of July 2020. Did I, what did I leave out, Kelsea and Bethany, what'd you guys think?

Kelsea Gurski 13:48

No, I think that that captures it exactly. It was a lot of hard work and a lot of navigating the unknown and trying to plan for a semester like you've never seen before. It was...it's hard to believe we did it.

Karen Whitney 14:07

I think the other standout thing that I think we did really, as well as anybody, if not some of the best in the whole country, is we took the approach that we were going to trust our employees. And I think one thing that pandemic made bright is the extent to which institutions in higher learning didn't trust their own employees. And we decided to trust our faculty. And we asked the faculty, you know, "Are you up for teaching on ground or online? Are you up for, you know, what are you up for and where and how?" We didn't--throughout the entire pandemic--we never forced anybody to teach in a way they didn't think was good for themselves and for students, and we put it out that way. And we put it out with employees. "What do you need to be safe, to feel like you can do your job?" And I think that...now, as we evolved over semester to semester to semester, and then you introduce things like testing, vaccination...the experience we had to know what worked and didn't work or wasn't necessary or was necessary, we evolved. But I think that basic sense of trust, and dialogue, is one of the reasons why--and help me if I've missed remembered, because it has been six months since I left UIS--no lawsuits, successful lawsuits, very few have any grievances. We only had one union that was pushing back. And it really went quite well, because--and we were up front, we trust you tell us what you need. Now over time--and I think Bethany and our student affairs folks began speaking up more and more about what do students need. And oftentimes, that's where we had to push some faculty and staff to maybe make some stretch moves or get comfortable. But that's because we acquired the information and experience of students in their mental health and their need to be, when to be on ground. And so that informed the dialog. But we really resisted any top down authoritative approach with our employees.

Kelsea Gurski 16:30

That was something that, you know, Chancellor Koch as well was really certain about, was that...we use two words, grace and flexibility, a lot. And that extended through Chancellor Whitney's tenure as well. So we really wanted to, we understood that people were going through a very stressful, brand new situation like nothing they've experienced before, and we tried to extend as much flexibility as we could to still meet the operational needs of the university. And also, you know, extend grace to all the individuals who are feeling a lot. There were a lot of feelings. So, we understood that.

Jessie Knoles 17:14

Great. Following up on that idea of like trusting employees, how did UIS support those educators who, either wouldn't or couldn't utilize an online learning model? Like how did UIS facilitate any classrooms that still needed to be taught in-person?

Karen Whitney 17:36

Case-by-case basis. Because there were, actually there were on ground courses taught every semester. And a lot of that, that gets back to that fundamental discussion where we asked the faculty, you know, what needs to be taught on ground, what can be taught online. And then really, over time, it was a shifting of more on ground. Our athletic training program, for instance, remained on ground. That's one that stands out to me, but there's probably others. At the same time, faculty got very creative. My favorites is our ceramics class, the faculty members sent the clay via mail to the students, the clay, and they did their stuff with clay, virtually, because they got these kits sent to their homes. So, you know, most things the faculty found, could be done--and again, let's not forget, while we might have

gone from this panic of mass death in March of '20, fall '20 was not great. I mean, Bethany can tell you the numbers of phone calls she made walking everybody through their test results and being positive and trying to contain and minimize disease. And, you know, that was a tough semester where most of our operations were definitely still online. And in trying to help young adults or people who are still adolescents minimize their risk, no, no easy thing.

Karen Whitney 19:25

We did, you know, our online learning team here, I mean, they--like Chancellor Whitney said, case-by-case basis--they would individually go to faculty members who were really struggling with delivering an online course and helping them figure it out. Whether it be the training, the tools, you know, thinking creatively. We really took an individualized approach. And then the classes that did have to still happen on ground, you know, a lot of social distancing, you know, whatever best practices we knew at that time were required to make it happen. And I think to this day, we didn't have any instances of classroom spread that we were ever aware of.

Karen Whitney 20:06

Gonna say...Bethany, did you keep track? How many people did you talk through, and--you know since, because she was our contact tracer--I think you've got to be in the 1000s.

Bethany Bilyeu 20:19

Oh, yeah. I [laughs], I mean, we can probably look back and figure it out. But I haven't sat and looked at that number. We could probably look at how many overall positives we had and then, you know, sometimes I was talking to 10 plus people through contact tracing for one individual, for each one of those positives, but. Yeah, it was a lot of phone calls.

Karen Whitney 20:46

One of the benefits of a university of our size, with like about 4000 what students and 700 employees, is we were able to take a very personal approach. If we'd been a campus of 40,000 and 6,000, I don't think we could have taken...we would have had to use mass communication or automated systems. In our case, our superpower on this was personal. Personal phone--the fact that Bethany talked to every single person who tested positive, and then their network of people, and that time and effort, it could not have been done. Because we were able to take such a personal approach, I actually think there were periods that the campus was in great solidarity. And there was great sense of community. That was my observation. Now, maybe I missed it, but--and my colleagues are always invited still to this day to correct me, you guys, if I missed it, but--that personal approach with our employees, even to the point...I never thought I'd do this, of course...COVID maybe inspired me to do a lot of things that I never did before. I actually talked to one employee who wouldn't get vaccinated. And we required it. And I actually said, "I'll go to Walgreens with you and sit with you if that will help for you to get vaccinated." Never thought in my role as a chancellor I'd say that.

Jessie Knoles 22:17

Yeah, yeah. So, kind of moving along the timeline. At what point did UIS began to think about testing students and faculty. And was that using SHIELD or using some other sort of testing program at first?

Kelsea Gurski 22:39

I think it was around June or May of 2020. Bethany, do you want to walk us through that?

Bethany Bilyeu 22:46

Sure. I can't remember when we started the initial conversations. I know that it stemmed from when UIUC developed the technology to do the testing in-house and really realized that they could replicate it and that they would have somewhat limited capacity in the beginning to try to figure out ramping up..."what are all the supplies that we need? How do we get this taken care of?" But I was in pretty close contact with everyone at that lab. And so our original testing protocol was to collect samples here. We've been through I don't know how many different sizes of test tubes and funnels and different ways to do it, which was always an interesting conversation to teach people how to drool, but, that's what we did. Talked a lot of saliva. But in that original setup, we were driving our samples once we had collected them to the Champaign campus to their lab dropping them off. They were running and processing everything for us. And we had to switch over to different electronic health records. We had to work with Medica, was our electronic health record, how do we embed new process so we could track employees and students. Because up to that point, it was just student driven. So there was a lot of learning that needed to happen IT-wise and just figuring out volunteers getting people to run the testing site and the beginning, driving samples. So we kind of built and developed a whole new department in a few weeks. There were definitely hiccups along the way, there were capacity issues, but over time, we were able to work through all of those things. And I think that's another one of those find examples of grace and patience and flexibility. That definitely had to be our mantra when we were working through those initial weeks and months of testing. And then eventually we shifted once SHIELD became a more widespread up and down the state. I mean, I remember talking to a university in Washington, D.C. in some of the initial months as SHIELD was starting to develop, you know, deliver that product across the United States. So it was definitely a very interesting time and, you know, the innovation that came out of Champaign really helped, I believe, the country really be able to respond to this pandemic in a much better way than the brain scrape. I think individuals were really hesitant to do the testing when it was really that uncomfortable, high nasal collection in the sample. So being able to get individuals to just have to drool in a test tube, I think was really, really important to get compliance with testing in the way that we did. But yeah, we eventually shifted over to SHIELD here in Springfield. We still use the Springfield SHIELD lab to this day to process our samples.

Jessie Knoles 25:37

Great. Um, so how long were you driving to you UIUC for the testing, for processing those tests? And was that something that you did like once a week? Or were you actually driving the samples every day?

Bethany Bilyeu 25:51

We were driving daily for...I--

Karen Whitney 25:55

Well, all of fall, wasn't it? Didn't it end up being almost the whole fall semester and a little bit into spring? Am I--it was a long time.

Bethany Bilyeu 26:03

It was a long time. I was actually trying to remember that. I don't remember when we fully switched. I don't know if we did a full year of Champaign, or--

Karen Whitney 26:11

It was, it was the fall into the spring, because the SHIELD, the local lab just took a very long time to work through. It was a multi-institutional collaboration, and I'm not, you know, it just took a long time. And it wasn't us because we were like a vendor. We were just a client, a customer. Honest to God, I think it was--Kelsea's checking her records. [Laughs.] I can tell. She wants to know--My recollection--but correct me--it might have gone through spring break of '21, but I'm just guessing there.

Bethany Bilyeu 26:12

Yeah. So we began offering community testing at UIS, which was a nice thing to do for our community. Because I mean, really, for a while there, getting a COVID test was like a hot commodity. And it was so easy to do here at UIS, like we were so lucky. And then eventually, I think once we started to use the local lab, we were able to open up a testing lane to the Springfield community. And we did that around May of 2021.

Karen Whitney 27:23

So my March might not be too off...and our first contract was with the fire department. They'd had, in Springfield, they'd had a big kerfuffle with a bunch of firefighters getting COVID. And to the point that it became a risk management issue of the fire department's capacity to do their job. So we worked with the mayor and really figured out a very quick way to get them tested. And a lot of it was--let's be clear--they weren't following good protocols. And they weren't keeping themselves safe. And they were really succumbing. So that contract was a real part of us serving as a public university and getting them in very early in the testing situation where they could get tested, according to the protocols that Bethany advised and in ways that I think probably helped them keep from--because they were really worried that their workforce couldn't do the job. And then, of course, in that case, you got issues if you don't have a fire department that can operate.

Jessie Knoles 28:36

So when UIS started testing students and faculty, how did, how were policies and procedures put into place there, regarding how often people were supposed to test or who tests when? Those kinds of procedures, how were those established?

Bethany Bilyeu 28:55

We really looked at, in the beginning, trying to determine some flexibility, knowing that some of our students and faculties and employees are not on campus every day. So how do we balance making sure that people were going through at a high enough interval that we would catch somebody before they were becoming symptomatic and potentially spreading it? So initially, we were having people go through, I believe, twice a week. And then sometimes we would lower it to once a week and then if we would see it spike, we would have to kind of go back and forth. So again, that flexibility, we were really paying attention to data, not only on our campus, but within our community to really understand, "okay, what are our levels, what's the rate of infection that we see? And how do we need to respond to keep everybody safe?" So we the compliance piece to that was a beast trying to establish I think one of the

things that worked really well was establishing kind of those weekly meetings with the campus to say, here's our plan, this is what we're looking at, we're gonna give you a week or two to kind of think about it. And this is what we're going to implement and allowing people to ask questions. They got heated. There was some interesting, but I think, you know, we talked about this a lot that, in a lot of ways, we were managing people's anxieties and fears on both sides of the debate about testing, and how do we respond to this pandemic? So we were really looking at, how quickly, what's the timeframe from when this disease incubates, and then how quickly do people develop symptoms? And we had to shift and change that frequently depending on what the local variant was. We were successful in getting some of the sequencing from the labs to us so we could understand what our most common variant was on our campus. And how did that shift and change from the incubation periods and symptomology... So we were constantly looking at data, I think that's what I spent most of my nights looking at was like, "Okay, where's all the data from today? Where's all the results? Where do we need to go tomorrow and next week?" So it was really flexible, but I think that's right, I think we were doing twice a week in the beginning. And then adjust it as we needed to.

Karen Whitney 31:21

Yeah, I mean, that was it. The hard part was the volume, the scale. And again, I can't underestimate the amount of emotion management. I remember that early on--Bethany, remember--like that first week we did testing and everybody came out, we were getting tested. And we sent the samples over and there was a kerfuffle, they weren't getting the results back as promised. And so instead of it--because they made, they should have probably in terms of expectation management, given more time but it took longer--and there were people, I mean, really angry, really upset about a result. And we had to spend quite a bit of time asking and explaining how--and of course they're, you know, Urbana-Champaign's slamming their stuff in and it just, it didn't--I think that we were saying, "Oh, you'll get it in six hours" or whatever, and we had to kind of reframe that "well you'll get it in 24"--and people were very tense. Again, think about this--lots of hospitalizations and deaths, no vaccine. What we were telling people is, it was testing, masking, and distancing was going to allow us to do what we're doing here. And that one piece testing wasn't perfect in the beginning. And people really needed perfection. So we had to spend a lot of time managing folks for I think about a week or two. It was really difficult. Emotionally, I think, am I remembering that right?

Kelsea Gurski 33:03

Yeah. And I wanted to, you know, from a policy perspective, there were two other things that we did that I think helped us. We did sort of, unofficially called it "re-bubbling." So anytime we started a new semester, we had a large number of people returning to campus, we would ramp up testing, we called it "entry testing," to get our see what unexpected visitors are--

Kelsea Gurski 33:03

Yeah--

Bethany Bilyeu 33:03

Absolutely--

Karen Whitney 33:29

--What did people bring with them back to campus--

Kelsea Gurski 33:32

--Yeah, what they'd bring back, and then get through that and then establish our regular testing regimen, so the once or twice a week, depending on where we were in the pandemic. And then, it was also a mitigation tool we used, so for example, if we, if Bethany noticed in her contact tracing that four members of the basketball team tested positive, we would put them on a pause for a couple of weeks and have them do increased testing to make sure it wasn't going through the team and preventing it from going through the team by catching it early. And then getting them back to playing sooner than if we just let it run its course. So we were using testing to stop it in its tracks. For most, most of the first two semesters if not, you know, all four semesters, we were doing robust testing. So... we wrote a lot of policies. Every semester was a new policy, or five.

Karen Whitney 34:32

Or changes to policies. I think, again, when I think about what we did better than most, it was shared--new, novel, and updated policies that mattered to people. That really guided student behavior and employee behavior. And we did it using our shared governance systems. We involved unions, we involved student governance, and when we did it fast. I mean, there were times, Kelsea would send a note out to the leaders of these groups to say, "Here's the new policy, we have to have your feedback and comments in five or six days." And that was not the way UIS did stuff before the pandemic. So what historically might have taken years, months, took like, you got--but I think to our credit, and Kelsea gets a lot of credit on this--we explain why. We explained, look, we can give you five days or seven days, whatever crazy number of few days, because we have this deadline and this deadline and this deadline because people need to know. Students need to know which classes are going to be on ground and online so they know which classes to register for. Employees need to know, whatever A, B and C, and they--so we tried to give people the context, and the reason for having to pay attention and engage us on a really quick timeline. And I think to just about everybody's credit--but again, you guys helped me remember--folks went along. They really participated, and they went along, and I think that's one reason, no lawsuits, very few complaints, grievance...official stuff. People were complaining and whining all the time. Bethany and Kelsea know that. But it did show our capacity to use shared governance in a very intense and expedited way. And I think that's a really good thing. And my hope as an interim was that learning that we could do that means, in some ways, are we capable of doing that for other things, beyond a pandemic? But only time will tell on that. I think the other thing--and I don't know if you're going to get to this, Jessie--but I don't want to go without saying, another thing I think we did really, really well, where the, what, two and a half years of weekly Zoom meetings. What did we calculate, fifty, six--how many, oh you calculated at one time how many we did--

Kelsea Gurski 35:28

--I think it was over 60--

Karen Whitney 37:04

--over 60 weekly zoom sessions that Kelsea and Bethany and I did almost every week. Now, when it became more normal, we did skip and in the summer, we gave a little more frequency. But they were at the beginning, oh my goodness, they were intense. Hundreds of people attended. It was a good space

to do everything from let people vent, get their stuff out, to conveying really important information. We started using it to get feedback to do polling, to do a few what ifs or what do you think, or, a lot of times, we would introduce something we knew we were going to do, but we kind of threw it out there first. Just so we wouldn't be, to get what the reaction would be. But it was a good forum and it was very robust. And I think it was a home--it was a real, it meant different things to different people. We even had parents get on. It was open. We didn't close it out to anybody. And wow, Kelsea and Bethany did such a good job of not only providing their expertise, but harnessing the expertise of other health and public health people from our community to come in and give guest talks. And then that way, people could feel like they could ask questions of an epidemiologist or public health officer and they can ask it and there was an added value and being part of our community. Because you could get things you cared about answered in a way that I don't know that you could get anywhere else.

Kelsea Gurski 38:46

I think those briefings were like a security blanket for a lot of people because it showed that we, that this had our full attention. That we were devoting at least an hour of every week and plus all the preparatory work toward it, to keep the university informed. But it also showed that things were under control. So in addition to getting feedback, and all those other things, we are sharing our positivity rate, we are explaining the why behind decisions. And so that they understood that we weren't just you know, throwing something at the wall to see if it'll stick, that everything we did was very thoughtful. So we used it for a number of ways, you know, transparency, being number one, but also just to make people feel reassured that we were doing the very best we could to manage this on their behalf.

Jessie Knoles 39:33

Great. I'm just curious um, how did UIS promote those open public forums? Was that like on the website somewhere, how did people figure out that these were available for them to attend?

Kelsea Gurski 39:46

Mostly email. These were something that Chancellor Whitney, you know, wanted to do, right, her first week or two that she was here as Interim Chancellor. So we started them right away and just mostly communicated through them.

Karen Whitney 40:00

Established channels.

Kelsea Gurski 40:01

Through our official established channels. For the most part, we did have a website devoted to all things COVID, and so you could watch recordings, if you couldn't attend. They were also on the Chancellor's website to catch up as well. And then information about how to log in and all that stuff was mostly through campus email.

Jessie Knoles 40:24

Great. Um, Bethany, I'm hoping that you can talk a bit about how you conducted contact tracing for UIS and what that team looked like and possibly, if you had external partnerships, either with like the Public Health Department, what those relationships looked like.

Bethany Bilyeu 40:45

So I'm "team"...I...it was really difficult to figure out contact tracing, and this is a little bit why. So we originally thought that we would try to split it up, and I would call employees, and then our nurses and providers in health services would try to contact students. It just really became overwhelming and not getting the right questions asked or the right information. And so really, I just decided to kind of take the responsibility on myself. So I would say within two weeks of starting it, I was the sole one making all the phone calls, following up with all employees, all students, creating lots of lists for everybody that they had been around really talking through what was considered close contact, and how do we get a hold of all of these folks. And lots of really difficult, scared individuals in those early days. Individuals that I would call and they would be very upset, in tears, not really knowing, because--like Chancellor Whitney said before--this was a time when we didn't have a lot of answers. Lots of individuals were ending up in the hospital, lots of individuals were dying, we didn't have vaccines. And so lots of scared individuals in the beginning. So I really knew that my background in counseling would really be effective in helping individuals try to put them at somewhat of ease, tried to respond in kind of that trauma-informed way to try to kind of move us as a campus through this. Because there were, not only was it one phone call to do all the contact tracing and to talk through, call HR, here's all the options around all of these things. But it was also lots of follow up calls, lots of questions that I found that individuals couldn't get through to doctors or public health, and so they were coming back to us for a lot of that information. And so when that was happening, I knew we were doing something, right, because they were coming to us for answers. So I knew that we were becoming a trusted partner in all of this work. So yeah, it was there were days when we would have 25 positives. And I just would tell Kelsea, like, hey, we need to take a pause here. We need to, we need to take a break and really figure out how widespread is this? Who all do we need to get into quarantine? That was a big deal was really helping people understand what are the guidelines around quarantine, and working with ResLife very closely on what students did we need to move? How do we move them? How do we help them get back home, if that's what they need? But we don't want to put them on public transportation. And how do we move them into our quarantine and isolation spaces? How do we feed them? How do we make sure that they're getting their needs met? How do we make sure that they can still log in and attend class remotely if they can. So a lot of flexibility, again, lot of grace trying to figure out some of this stuff on the fly. But yeah, I don't know how many in the end, individuals. I mean, I still get some phone calls today, even though we're not still formally doing contact tracing anymore. I did work really closely with our local health department. I quickly realized they were absolutely overwhelmed as well. So we were actually conducting contact tracing and getting a hold of people before they were before they were even realizing that these individuals had tested positive. And so they kind of let go of the reins for UIS, so really anybody that they saw was coming through with our testing through SHIELD--because our positive tests automatically went straight to public health. So that was embedded electronically so they could see in real time who was testing positive at UIS--and if they knew it was coming through our testing system, they allowed us to handle all the contact tracing, and that's because they had confidence in what we were doing. Which again was another big signal to me that we were, we were doing right by our community here at UIS, and our larger community, right? There were lots of times when I would talk to individuals that didn't live on campus, our employees, and they were like, "Oh, my gosh, I was just at this birthday party or I was at my son's sporting event." And I was like, "Okay, I'm not going to call those folks. But this is what you need to do and expect this phone call and you need to let them know." And

so I think we helped manage some of that community response as well, given that we are a part of the Springfield and greater communities here, so.

Jessie Knoles 45:33

And Bethany, given the different phases of the pandemic, and the different changes of policy, whether you isolate for 14 days, or 10 days or shorter amount of time, how were you getting that information? Were you just searching for it yourself, or was there someone that you were working directly with to just be up-to-date with the state protocols regarding isolation and quarantine?

Bethany Bilyeu 46:00

So this was a bit of a pickle for us, in particular, because you would watch what was happening, the recommendations from CDC, and then you would have probably 48, 72 hours lag to what the states then were deciding to do. And then there's an additional layer that I don't think a lot of folks understood because they would see IDPH [Illinois Department of Public Health] come out with an announcement, but yet each individual county actually got to determine what and if they followed those larger recommendations. And Sangamon County was one of those one offs that they didn't always follow IDPH. And so we were one of the last counties in Illinois to actually shorten the quarantine time. So we would have individuals that lived in Chicago, and who only had to do the 10 days or they lived, you know, they would see what was happening in Champaign and then when they were here on our campus, within our county, we had to follow our local county health department. And so we didn't actually move to the shorter quarantine time for several months past when everybody else was allowed to do that. So that was a lot of headache. That was a lot of explaining, really helping individuals understand why it was different. What was our line of authority, who we needed to follow, who we had to be in compliance with. Knowing that if I said, "Oh, yeah, you can follow the 10 days." And then if Sangamon County were to call them, they would be like, "Nope, it's 14 days." So we knew that we had to stay in alignment with our local county health department. So it was interesting that they chose to make that determination. I think for us, too, one of the things that we realized was individuals living on campus and how our campus moves and how it's porous with our local community. We knew too, that we would have to do something slightly different to make sure that we weren't allowing individuals back out there, potentially to spread things. So and it was, you know, it was difficult because a lot of our students would test positive, but be asymptomatic and really, them struggling to understand why do I have to stay away. That was one of the most difficult things in the process was really getting people to adhere to the isolation and the quarantine requirements. We had to do a lot of work very closely with ResLife to make sure that individuals were adhering to those. We were tracking their symptoms daily. They would fill out symptom trackers, we would review them to make sure that they were doing okay. Another one of those personal touches that we did for individuals in isolation and quarantine, we actually had counselors assigned from our UIS Counseling Center, were making phone calls and reaching out to all of these individuals to kind of do mental health wellness checks while they were in isolation and quarantine. James Cappy [LOOK UP] and some of his crew from our rec center actually developed walking groups so these individuals could come out masked, distanced, and they would actually lead a walk around campus because these individuals were really struggling with the quarantine and isolation times. And unfortunately some of them ended up in quarantine and isolation multiple times just due to the nature of just, either their work or a lot of the athletes, just because they were around individuals and, you know, close contacts frequently. So we definitely tried to be flexible

when we got feedback about the food that was being delivered and you know, laundry and all of that stuff. I mean that was constantly readjusting on the fly.

Jessie Knoles 49:43

How did UIS determine the needs of its students, either with health, health information, safety, education, or even social needs? Were those kind of established through those public forums where students could provide feedback or how were the needs of the students otherwise determined?

Bethany Bilyeu 50:10

We did do some surveying of students, but I think a lot of the feedback I was getting is when we were calling and talking to students. When we were checking in on them and finding out what their experience was, like, we, I would say, within a couple months added on to our symptom tracker that the students had to fill out daily, we added a section at the bottom, where we asked for feedback, how was it going, were there things that you needed to be different? What things and how can we help support them better? So that's where we got a lot of information from but overall, we were asking the question like, "how's it going? What are things? How can we make it better?" and got a lot of direct feedback that way. Because that was, I think that was critical, and how we flex and adapt and make it better.

Karen Whitney 51:00

Hey, Bethany? Can you talk about--because you mentioned Rec Sports really stepped up--food service. Food service stepped up delivering meals to people in residence halls. Residents halls, oh my gosh, the work they did. And that's everything from the Student Care professionals to doing, you know, all kinds of work. And also let's not forget the fear and the anxiety and the stress of, because you know, right now, I think different people are in different levels of resignation of COVID, large numbers of folks have already gotten COVID, one or more times, we're vaccinated today in '23. But at that early point of fall of '20, great anxiety. And there may be other words you want to use about getting COVID. Nobody wanted it. And it was a real sense of loss. We would often have great empathy. "Oh, I'm so sorry." Because there was an anxiety about, would you end up being hospitalized, or how sick would you be, or how would the long term effects and so I think that that fall semester, in particular--and let's not forget, vaccinations, you know, started with our health-related folks, I believe, in late January of '21. But the regular population was not getting vaccinated, what, we were...maybe into February, early March? And so there was that pre-vaccination anxiety and stress that and at the same time, our own employees in these critical, high contact areas. I mean, there were literally food service would put the food on the porch, knock on the door and run away. Right?

Bethany Bilyeu 52:45

Mm hmm. Yeah, there was a lot of anxiety, a lot of misinformation, too, that I think, through our briefings, we were able to get addressed and correct. Lots of follow up phone calls. Like I said, with contact tracing. I would I would talk to folks, and I think they were just absolutely in a state of shock and overwhelm, when I would call them and say, "Hey, have you seen your test results." A lot of times I was calling them before the students even woke up to see their test results. I was usually their first phone call, kind of unfortunately, getting them up out of bed to have a really hard, difficult conversation. And so a lot of times, they really wouldn't be very present, and that initial phone call and then usually an hour later, a couple hours later, they're like, "Okay, now this is hitting me like, oh my gosh, should I go

home? My parents, I can't go home they're, you know, we've got high risk individuals there. And I don't know about going in isolation, what all do I need to take?" And so we would, we created lists, and kind of like cheat sheets, like here's all the things that you should take with you when you go into isolation if there's you know, certain things that you like, or you need. Make sure you take your laptop or any books like how are you gonna keep yourself entertained. And so there was a lot of necessary supports at a very high level, not only for our students, but for--I talked to so many concerned parents, "I just talked to my child, and they say they're going into isolation, like what is happening and," and then lots of parents concerned that someone was in quarantine and "you mean, they're, you're moving them back into the room with my child" And so lots again, lots of unknowing and not sure how to keep everybody safe through all of it. And so, really, I understood my role in that moment was to really have the time and space to have all of those conversations with individuals. I mean, morning, noon, and night, I was on the phone with people in all aspects. I mean, my kids could probably still to this day walk through my kind of transcript of when I would talk to people. And my son would come over and be like, "oh no what another person has COVID?" And like, yes, I know. And, you know, it was, it was very sweet how even the people around I think all of us had to adapt, because how much time and effort and focus we needed to provide the UIS campus to really support them through this. So.

Jessie Knoles 55:18

And I think you had mentioned that UIS established specific areas for quarantining and isolation. What were, were those like dormitories? Or what did those spaces look like?

Bethany Bilyeu 55:30

Yeah, we looked at, we had different quarantine and isolation spaces. And that was always a juggling act of how many did we have--from the very beginning, we started tracking capacity--how many people could we actually put in with similar individuals with isolation and quarantine. So it became really difficult, because if you would have somebody that would, let's say, test positive on a Monday, and then somebody tests positive on Wednesday or Thursday, you didn't necessarily want to put them together because somebody was going to be out before the other person. And so we had to really watch and manage that. And we really, in the beginning, I think made the smart move to pull a significant number of apartments and dorms offline so we could really move people as needed. As we started to get lots of folks on our campus vaccinated, we start to look at, okay, how can this be different, okay, we don't need to pull this many offline. But in the beginning, there were times when we thought we were going to hit capacity, we had to change messaging to say, if you live in a certain area, and you can go home, we're going to encourage you to go home, just to make sure that a lot of our students who couldn't go home like our international students, or students that would have to get on a plane to isolate or quarantine, we knew that we needed to prioritize them. So in a lot of ways, individuals that if you lived within driving distance, and you could do that safely, we were really encouraging that to make sure that we weren't hitting capacity at any time. But that was a lot. I mean, ResLife...I, the amount of hours to get those spaces turned around, clean, sanitized, and ready for someone else to kind of come right behind them and take that bed. It was a, it was a constant balancing act for sure. I think I was on the phone with ResLife, Brian Kelly, the old director there, I mean, constantly, I mean, him and I would sit and go through long lists of who needed to be moved to isolation who needed to go into quarantine. They had their own tracking sheets, we realized very quickly that we all needed to be on a Google Doc. So we could move people as we needed to. And we could really make sure, yes, they've completed

their 14 days, they're good to go. They've tested negative now we can get them out. So it was it was a lot of coordination. And I think we did really well.

Jessie Knoles 58:02

Great. I want to make sure that I get to this--and we might have already touched on it, but--in terms of creating policies and updating policies, how did UIS establish those policies? Was there some sort of framework that they used as guidance in establishing these policies and procedures, either like at a system level, or was there some sort of sharing of information and ideas between the campuses?

Kelsea Gurski 58:39

I think for the most part, we would be inspired by what was being shared at the system level and what our sister universities were doing, because I don't think anyone wanted to be too much of an outlier in our approaches. Now, understanding we are three very different campuses. So differences did exist and it made sense to, but in general, we would make sure we were somewhat in step with the direction the system was wanting us to go or suggesting we go. And then we made it work for our specific university and our specific population and everything that's unique about how we do things at UIS. Chancellor Whitney shared this before, we relied a lot on shared governance. So we would understand that we needed to develop a policy about XYZ, you know, depending on where we were at with the pandemic. Usually each semester, it would entail or, we would release like our approach to fall 2020, our approach to spring 2021, and it was, here's how everything is going to work for COVID this semester, so your testing requirements, your vaccine requirements, guests, events, you know whether or not you could have gatherings and what to do to be able to host the gathering. So anything that you needed guidance on, depending on what the rules of the day were with navigating COVID safely, we would produce at the start of the semester. Prior to the start of the semester, we would get an understanding of where the system was heading, and then engage our shared governance partners. So--and that included our union leadership, so we would talk with faculty union, employee union, police, to really get their feedback on, "here's the direction we think we're going to go and what questions do you have? Is there any reason why you don't think this would work for your constituency? And why not? How do we worked through that?", and then we would have those one-off conversations. So we would have some subgroups to help develop the policies depending on how many we needed to produce at one time, but then we would bring everything back, it would go through our COVID Response Team, and then that would go to the cabinet level, and they would make a recommendation to the chancellor for approval. So it's pretty thoughtful approach. We always tried to stay in line with the system. We didn't do things exactly the way that our sister universities did. But again, never a big outlier. We just approached it a little bit differently to make it work for us.

Karen Whitney 1:01:14

One of the things I really appreciated in the President's leadership, President Killeen, was--because like Kelsea said, the three campuses, so different--and we would agree, as the three Chancellor's, with the President on what the outcome is. We would agree on what's our desired result. And then I call that the "what," we'd agree on what we're trying to achieve. How we got there, we had great autonomy and latitude, and there was an understanding, as Kelsea said really well, that we would get there differently. And I think that really served us well, versus a system that tried to be too structured or too, you know, everybody does the exact same thing. There are things that--again, we took a very personal approach--

there's no way those other two campuses could have done that. It also would have hurt us if we'd been told we couldn't take a personal approach. Because that's who we are. So I think that that's a real hallmark of leveraging as a system, where doing things together that we couldn't do individually. There's no way UIS on our own could have done saliva testing the way we did. We couldn't have. Many of the things that we did, we benefitted because we were part of the system. And yet, we got to do it with a UIS kind of approach. Flair. Yeah. So

Jessie Knoles 1:02:46

And how did UIS approach vaccinations once they became more available to the public in Spring 2021 or so?

Karen Whitney 1:02:53

You know, the hardest thing on vaccination was trying to figure out what was required and what wasn't. Because on one hand, we really were benefiting from trusting our employees, which means people have choices. So we really struggled quite a bit on where that was. I think, the fact that we are part of a large university system that has on all of our campuses, large enterprises around health and medicine, very quickly, we took the position of requiring vaccinations, but we also had different, slightly different approaches on what the word requirement was, what is it we're requiring of people, and we had, we use shared governance to determine our approach toward requirements around vaccination. Kelsea, Bethany, you want to add on that? Because that's what I remember, the big struggle was what's required? How will we do it? Why are we doing it? What will the benefits--because really, in any requirement, if you're serious about it, we had the potential of losing students and losing employees.

Kelsea Gurski 1:04:15

Yeah, I think that was, the big thing that UIS was able to do, because of our size and our personal approach and how we were managing things. Our requirement was pretty clearly a requirement. But we offered some flexibility in how you could still be a student and an employee, if you chose not to get vaccinated, or if you couldn't get vaccinated. And those were two different things and there was two different paths depending on your ability or willingness to do so. And we were very, very clear and very, very thoughtful in how we approached that bucket of people. And then we had to do a lot of compliance tracking. But again with that, it was a heavy load. I mean, that was a heavy lift. But we could do it because we were dealing with a smaller population. Whereas some of the bigger universities, you know, tracking at the individual level, what their vaccination status was, and what their alternative was, if they weren't doing that, and tracking their, their record and getting that uploaded, and all that kind of stuff. It was a big, big load, but we made it work. And we had very high vaccination rates as a result, and you could see almost instantly, the positivity rate difference in those who were vaccinated and those who were not, especially when those early stages were the vaccine was targeting exactly what it needed to with the first string of COVID. And that helped us feel confident that we had made the right decision along with the the university so...but we were like 97% vaccinated among all groups. And we really had--

Karen Whitney 1:06:01

--And I'll say, no lawsuits, very few formal grievances, a whole lot of informal whining. And a lot of do I have--Bethany knows about that more than anybody, and I think Kelsea got her share, they kept a lot of

that for me--but a lot of people do I have to, how can I? You know, what, if I, you know, in that all kinds of deal making, people were trying, HR had a ton of work with the employees on tracking and nagging. It's amazing. Ultimately, we also gave options to where employees could propose working, third shift by themselves or working, continue to work off campus and, and we also honored the state's law around exemptions for vaccination for religious and health purposes. And, so while a lot of people maybe clicked on those forms, many of them once they really looked at it didn't pursue it. But it was a lot of work to move us to that 97%. When if you think about what the national and the typical numbers are probably more than the 80 percentile. I will say with all of the work and a closing comment I'll always give, is to my knowledge, no, UIS employee or student died from COVID. And I think one employee was hospitalized. To me, job well done...but a ton of work. Getting that level of compliance was a ton of work. To my knowledge, did anybody actually quit their job, you guys? I mean outright quit just because of that. There were a couple of [yeah], but I think we were wondering if they were on their way out anyway. They just kind of, -[yeah] were right. You know, they used that as a righteous moment, to do what they--I, many of us thought they were probably planning to retire or leave anyway.

Kelsea Gurski 1:08:11

Yeah, and it was like a handful. I mean, it was a very low, like, yeah. And I will say that this was a topic that we leaned pretty heavily on our partners in the medical community to come in and really answer those questions about vaccine effectiveness, side effects, you know, those types of things that, you know, it's always good to bring in an outside person, especially when the people trying to implement the policy are the ones you know, hosting the briefing. You're like, of course, you're going to talk us into this you have to, this policy to adhere to. So we brought in the, you know, outside experts to answer those questions. And those always went over so, so well, to really clearly explain the science behind what we were deciding.

Jessie Knoles 1:09:00

Did UIS a vaccination clinic on campus or...[Kelsea nods]...there was. Okay, great.

Bethany Bilyeu 1:09:06

Yes. Yeah, that was a really exciting day. We had more than one, but the first one was just really exciting. Bethany, do you recall how many we did?

Bethany Bilyeu 1:09:17

Was it around 200?

Kelsea Gurski 1:09:20

In that first one, yeah.

Bethany Bilyeu 1:09:21

Yeah, it was it was really big deal. I mean, I remember when the vaccine first became available. It was really hard here in Sangamon County to get an appointment. And so I was actually a bit of a sleuth, and would be helping people get appointments so we could get them in. Because it was really hard to navigate that system. It was like, you had to go online in the right kind of hour of the day to get a time slot and it was, I think, in the beginning vaccine was a little bit scarce because it just wasn't being

produced at a fast enough level. And so when we got an opportunity to partner with Memorial [Springfield hospital] to come out and offer that vaccine clinic on campus, it was a really big deal. And we had people sign up and fill our slots immediately. And it was great. I mean, we had a really good system, we partnered with them, so we had some of our nurses, some of their nurses delivering shots, we were giving them their vaccine cards immediately as they were there that day with the information that they needed, we were able to upload it into the state system, so they could track it that way. It was a really smooth process, and then they kind of came back there, you know, so many days later, and we did the second round of it. And even in the second round, we were able to give some people their first shot. So we were constantly trying to roll through it and get people to complete that initial series, we really knew that that was a cornerstone to really help us get back to the campus life that we all have come to expect.

Kelsea Gurski 1:10:54

And one of the things that I liked that we did is that you know, you know you have some no shows or you know, with the vials, like you could get six shots out of a vial and you didn't want anything left over at that point. So we would, we offered it up to like spouses, family members, friends, of employees, random community members, say, "Hey, do you want to be on a call list in case we have leftover vaccines, so it doesn't go to waste." And so some people got to come in and get vaccinated because of that.

Karen Whitney 1:11:21

I mean, there was a great sense in that moment that this was life saving.

Kelsea Gurski 1:11:28

It was gonna get back to normalcy, like it was the path, the vision.

Karen Whitney 1:11:32

And you know, there was this--bless our hearts, we were so naive--that the faster we could get up to what, 80% vaccination, it--or some number--it would, like you said, we would become normal. So there was a great optimism one of life saving and two that we could this was our way forward to because we--for many semester iterations, we kept thinking, "Well, the next semester is when will be normal. The next semester is when we're going to go back." And, you know, I--who knew, 2023 and I still check COVID stats for Sangamon County, you guys. [Group laughs.]

Karen Whitney 1:11:32

Karen was the one a couple of weeks ago, she was like, Hey, did you know Sangamon County is in high? I'm like no, not yet, thank you. She's on it for us.

Karen Whitney 1:12:31

There you go. Always got your back there.

Bethany Bilyeu 1:12:36

I mean, we haven't had a vaccine clinic this year for the buy valium one once it became available. So we've had several. Yeah, we've had several throughout the months to try to make sure that people

have the opportunity to stay on top of it. We even worked with the Illinois Emergency Management crew, they came in and did one on campus as well. So we've really tried to be flexible and offered as much as we could to bring it. We knew if we could bring it to campus, our students would come to try to make--you know, a big thing for us was trying to remove any barriers. And each step that we took, even with testing, it was like, "Okay, how do we change hours and make sure we're open in evenings?" And we were trying to work with individuals that took classes just on the weekends. So we were constantly trying to remove any barriers to make sure that individuals could really participate in all of our mitigations that we felt like were necessary at the time.

Jessie Knoles 1:13:34

Great. Okay. I'm going to start winding down the interview a bit because I just looked at the clock. What would you all say were some of the biggest challenges that UIS faced either with establishing policies or regulations regarding masking, testing, tracing, isolation, vaccinations, or just in responding to the needs of the UIS community?

Bethany Bilyeu 1:14:07

I can talk a little bit about my experience. So I knew we were in for a bumpy ride. I don't know if you remember, Kelsea, that very first initial meeting where we kind of, it triggered one of our response teams, and our old chief was there to kind of lead it and gather this huge group of people. And at that time, we didn't know about distancing or spacing. It was like we were kind of hearing about all of this. And we had an individual get up and storm out of the meeting. And I just remember like, "Ooh, this is going to be, this going to be something to manage through this." And I would say that was one of the biggest struggles, I think, because I was so intimately involved with those individual conversations with people that really managing their anxieties and fears, whether that was through meetings and talking about what policies and requirements and mandates and what our mitigations were going to be, or having those hard conversations about, you've tested positive and really getting to get them to tell me who were they in close contact with. And that was really difficult. I think, managing our sports teams and the athletic department just because that built in nature of their close contact with each other, being in locker rooms, playing their sports games, practices, and their high passion and desire to be out there doing that, playing, and it's such a part of their identity and to tell somebody like, "Hey, you, you have to take a pause just for even 14 or 10 days," was really hard to hear. And so I think just some of those high risk areas. Our performing arts center, another kind of higher risk area where you've got people sitting next to one another for long periods of times watching a show, or a play or a concert, and really trying to work through all of those different and unique scenarios was challenging, but necessary at the same time. And we knew that it was and we wanted to make sure that we gave everybody the time and the space that they needed to work through those things. But just that, to me was like the greatest and one of the hardest things just to manage was just because everybody's an individual, first and foremost, right. And so I think just making sure that we always had that in the forefront was important.

Kelsea Gurski 1:16:35

Yeah, there just was so much opportunity to educate individuals because we got so in the weeds as the response team, like we understood the risk and what not to worry about, necessarily, what to worry about. But others were just more, you know, kind of surface level on things. And just a lot of educating. I think the first time we had a positive case on campus, people were nervous to enter any building the

individual had been in, so we had to assure them, like you can go to your office, like I can't tell you who this person is. But I'm telling you, it's safe to go to your office. So managing that, you know, with the athletes, educating them that the quicker you comply with what we're asking you to do to take these pauses, the quicker you're going to get back to competition. We're not trying to prevent you, we're trying to help you get back as soon as possible. And it's, we've got to, you know, take this pause to get you there. Instead of kicking the can down the road and your team popping up positive for the next six weeks. So there was that piece and then just managing--especially at the beginning the stigma of having COVID, because you almost felt like he did something wrong, or you'd get in trouble for not following the rules, when really, I mean, this is what a pandemic is. People are going to get this. And so really helping people work through that. And you--not--being very careful with our words and how we talked about this so that nobody would feel shame.

Karen Whitney 1:18:03

Yeah, I remember early on somebody, two people--they broke our own rules, they were closer than six feet, they didn't have a mask, and they had lunch together. And at one point, someone told me, "I thought she was my friend, she gave me COVID." I go, "Okay, this is a virus. This is not..." it's like, but that was all raw feeling and fear. And before--vaccination was a game changer in how, you know, people moving from "will this kill me" to "it won't kill me...I may be," --again, for some people who are in long term side effects, but--so we had to manage a lot of feelings. And I think a lot of...and a lot of managers were deeply challenged by all this stuff, particularly managers who might not have been that strong to begin with, with the socio-emotional aspects of management. Tough. A lot of training there. A lot of hard work, for people to work. And still today, I do leadership coaching across the country today in January of 2023. There is still tremendous overwhelm, fatigue, and burnout with a lot of good hard working leaders. And I have to imagine--while I think UIS is very special--there probably still is, you guys can comment today, again, people who are still working through the post traumatic and burnout and overwhelm of the last now...it'll be three years. But we are...right? I saw that, we're moving to you, guys just now announced that no more requirements. Right?

Kelsea Gurski 1:19:49

Right, yep. That's right at that stage. So

Karen Whitney 1:19:53

That's...that is...may I take that as a victory? Can I consider that a victory?

Kelsea Gurski 1:19:57

Yes. Yeah.

Karen Whitney 1:19:59

Good. It's either that or you got worn out, I couldn't think, I was hoping for a victory versus just "we give up what the hell."

Kelsea Gurski 1:20:05

No, no, I think that's a really good sign of how we managed this. So, and especially, you know, with the vaccines that--we dealt with the same type of vaccine hesitation of the entire country, world, dealt with.

I think it all really boiled down to, we just, the greatest challenge of all of this was just managing thoughts, feelings, perspectives, the need to be educated, and all the social political influences that were informing individuals about everything to do with the pandemic. The workload was super challenging, of course, but I think where we struggled the most was more the people level because you really wanted to care for the whole person and understand where everyone was coming from but still implement policies that you needed to.

Jessie Knoles 1:21:01

How do you think the pandemic has permanently affected--if it has--the UIS community...the students, staff, faculty?

Bethany Bilyeu 1:21:12

I think one of the things that we realized--and I think Karen was just speaking to it a little bit ago is--even partway through it, we realized that people were really having trauma responses to the pandemic. And we even took time in some of our briefings to talk about how do you take care of yourself? How do you take care of others? How do we get back to socializing? Like, we even had some talks on that when we started to bring people back to campus. It was like, how do you reengage one another? And we even did some stuff on mental health and how do you support students who potentially are going through trauma in the classroom? How does that impact their ability to, let's say, focus and concentrate in the classroom? And for people themselves...how do you still come and show and be engaged at work when we were trying to manage through something and help support others while we were also ourselves going through that. I think we will see this ripple effect for years, I really do. I think the whole world has had a collective trauma from this pandemic. And I think we will see the after effects of it for likely 10 years. I know personally, and the Counseling Center here at UIS, we've seen a huge significant increase in the amount of students that need our support services. Over the years, it continues to be the case, we still have extremely high numbers of students coming in. I assume that lots of individuals have gone and employees right have gone out and are seeking their own support systems within the community. But I, I know, there's an overwhelming, heightened alertness that is typical of trauma responses. And I think we're seeing it come out and other things on campus to this day, and it is a leftover residual from the pandemic. People are still in that high stress response. They're still in that kind of freeze, fight, flight mode. And it has an impact on how we see and view the world through a safety lens. And so that, I think, comes out a lot still to this day, and I think we will see that for years to come.

Karen Whitney 1:23:34

Right and uh--go ahead, go ahead, Kelsea.

Kelsea Gurski 1:23:38

As I was going to say, we've been talking as a leadership team about how to be sure that we're looking through that lens and how we support each other, our staff, and our students. So I can just speak on behalf of myself as a leader. I'm grateful. Well, first of all, I have a lot of pride, and how we got through this and what we did, I mean, and that we think we feel more, we work more as a team. As a leadership team, we understand people's strengths a lot more and value that and so there's a lot of good things that came out of this because people really had to step up and shine. But as a leader of people, I'm

very grateful that COVID gave us more tools to allow flexibility to balance life, because it showed us your staff can still do their job and not be present in their office 40 hours a week and so I'm able to, as a manager, work with each of my leaders as an individual encouraging them to do so with their teams to do what makes the most sense operationally, but for the person as well. And we've got more of a structure in place to support that as a university, and a more openness to try that where it makes sense.

Karen Whitney 1:24:53

Yeah, I think January of '22 going into the spring, really started trying to talk more and more about what do we want to look like as a post-pandemic university. Whenever we declare we're at post. I think now we're still in a lingering pandemic, but still lingering downward. And we spent a lot of time in leadership talking--I'm sure with the Chancellor Gooch, you guys have continued to talk that through--but we led the system in having a formal policy on hybrid work, post pandemic, you know, it was done out of necessity in a crisis. And I'm sure there's been other things that have been instituted to learn from the pandemic. Like Kelsea just said it, it broke the rules on where and how do you need to be to do the job you've been hired to do. And in many cases, though, there is this re-understanding that no, you must be there, you know, to do the job you've been hired to do, you must, the student, must see you in person. But maybe...or not. I mean, I think it's that discussion, that deep thinking and review and managers and dialog. I think, my hope that'll continue, and we don't just run back to what we think things used to be like. By the way, you guys, I'm really, I just learned this phrase, I wish I could have come up with it, post-traumatic growth. And I think that's the opportunity going forward. Because I think it's a mistake to deny that we've been in a trauma. We have all been in a trauma. And it's been in different ways and to different extents. And as an optimist, and as we're concluding this interview, where's the post-traumatic growth opportunities that higher ed can lead with employees and students? I think that's the opportunity. And I'm optimistic that UIS can lead in that because we did so well during the trauma. Bethany may have strong feelings. I hope I'm using that phrase correctly, because I assume you know of it more deeply than I do.

Bethany Bilyeu 1:27:07

Yeah, it's really about a time to build resiliency, which I think is one of the things that we--a concept that can be kind of hard to wrap your head around, like, how do you build resiliency, like what does that mean to move into that space--but a lot of times, you have to go through some adversity to really understand and know that you've got the strength that you can go through a traumatic experience, like a pandemic. And we can come out on the other side and have learned things about ourselves, or community, to have confidence in our strength to go through something so difficult. And come out on the other side stronger, having greater beliefs having better ties to those around you in your community. Because I think that that's was one of the things that was also really great to see was as we started to come out of the pandemic, how many people really came out. And you know, I think Spring Fest was one of our big first major events, and the number of individuals that came out and the positivity and just being out and about during those events was just amazing to watch the students and everybody reconnecting, I remember all the conversations of like, Oh, my God, it's just nice to see people out and about on campus, again, like it was such a ghost town, for so many of us that were still coming in all the time. So when people started to come back to the campus, and it started to get back to some of those traditional things, I think people really did realize what they had been through. I think they're still

realizing some of the impacts that that's had on them. And I think that's part of that growth piece is how do we look back at that experience that we all collectively went through and how do we recognize our own strength and power in that.

Jessie Knoles 1:29:02

Great, thank you.

Karen Whitney 1:29:04

As usual, Dr. Bilyeu always says it better than I do. See, some things never change you guys, so yeah.

Jessie Knoles 1:29:13

Okay, I just want to end on just final thoughts on how UIS and the university system...any final thoughts on how it handled the response to the constantly changing phases and guidelines and variants and waves of this pandemic?

Karen Whitney 1:29:36

How do we handle it? We handled it really well. I'd say--again, I don't say this just being naive. I work with leaders across the country in consulting and coaching right now. I believe UIS was in the top 1% of best practice and has quite a bit of earn pride.

Kelsea Gurski 1:30:01

Yeah, and I think a lot of it boils down to from the system, the university perspective, everything, it was just a very people-first approach. Even when we were putting out policies that were not 100% popular, it was working with people to understand, you know why we're doing this, and we'll help them work through it so. But the UI system has really, really been conscientious about what is best for not only our university populations, but on recognizing the trickle over effect we have in the communities we live in, and how we need to be responsible for our own people. Because, like, you know, everything is porous, you know, we go out into our communities, and if we do a good job, then we're going to positively influence those areas around us. So it's people first, and it worked. So it worked really well.

Jessie Knoles 1:30:59

Great. Well, that concludes our interview and I thank you all for participating and speaking with me today.

Karen Whitney 1:31:06

Okay, do we get an A plus, Jessie? How'd we do? We're really competitive in this group here, I know us.

Kelsea Gurski 1:31:13

Interesting trip down memory lane.

Karen Whitney 1:31:16

Oh, my God, you guys. It's just some stuff I hadn't thought about in a while. And you know, and everything. So.

Kelsea Gurski 1:31:22

I dig up emails from 2020. And like, oh, wow, you know, just, you could see how things evolved within like days. And I'm like, Oh, my goodness, that nuts. So.

Karen Whitney 1:31:34

Well, Jessie, does this do it for you? Because you got a big job here getting the word out.

Jessie Knoles 1:31:40

This was great. Thank you. And part of our project, as well, we do collect documents. So if there is any, like PowerPoints or graphics or even photographs of like the testing sites or anything unique to UIS, please send them to our email and we will also include those in our project.

Karen Whitney 1:31:58

What about video? Can you take video?

Jessie Knoles 1:32:00

Yeah, yep. Yep.

Karen Whitney 1:32:02

Because Kelsey and her team have some great videography along the way. I expect I expect the video of me in the golf cart with the doughnuts to be in that okay.

Kelsea Gurski 1:32:11

Oh, yeah. Yes. Daily thankfulness. Yes. We've got that.

Karen Whitney 1:32:15

Okay. All right. That was a big day for me. Okay. All right. Well, love you guys. I'll be there on campus February 8, just saw the invite.

Kelsea Gurski 1:32:24

Awesome.

Bethany Bilyeu 1:32:28

Thank you.