Julie Pryde Interview

Public Health Administrator of the Champaign-Urbana Public Health District (CUPHD)

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SPEAKERS
Paul Gilbert II, Julie Pryde

Paul Gilbert II 00:03
All right, you're ready to go. Julie, my name is Paul Gilbert. And I am one the students working on the University Archives COVID-19 documentation project. Would you like to introduce yourself for those listening?

Julie Pryde 00:29
Sure. My name is Julie Pryde and I'm the public health administrator of Champaign Urbana Public Health District, referred to as CUPHD from this point on. I have been at CUPHD since 1995 and was appointed as the Public Health Administrator in 2008.

Paul Gilbert II 00:51
So, for the record in case the metadata gets jumbled in the future, today's date is Thursday, June 23rd 2022 by the Gregorian Calendar. We are here at the University Archives in room 146 to discuss the relationship between CUPHD and the University of Illinois at Urbana-Champaign and how these two entities responded to the COVID-19 Pandemic for inclusion in the University's COVID Documentation Project. So, we're going to cover a variety of questions over the next hour starting with the mission of the Division of Public Health and the role the Division played in responding to this pandemic, as well as some questions responding to adverse.... how you and the department handled adverse circumstances as it related to the pandemic. Sounds good?

Julie Pryde 01:55
Sounds good.

Paul Gilbert II 01:57
So, on the subject of CUPHD, I think a good place to start is: what would you say are the main missions of the organization What exactly does "county division of health" entail?

Julie Pryde 02:15
Our mission at CUPHD is to improve the health, safety and well-being of the community through prevention, education, collaboration, and regulation. What does that mean? Well, that means that we are always looking at statistics and different types of data to see what's going on out there, trying to prevent things from happening, try to do a lot of education to prevent adverse outcomes in a variety of diseases or even accidents and unintentional injuries. We do that through several divisions. We have the division of what used to be called the Division of Infectious Diseases which is now called Teen and

Adult Services, they have HIV, STD, TB, Hepatitis, family planning, that type of thing. We have Administration, which has the communicable disease piece in it, which is now called Department of Planning and Research and that takes care of the disease intervention specialists so people who look at all the infectious diseases that are reportable and follow up with not only the disease and the person who reported (that would usually be a lab or a physician), or and we also you know, work with that to make sure that's mitigated and not spread. We have the division of Maternal and Child Health, which has the WIC [Women, Infants & Children] department. They have the Give Back Garden, and they do a lot of stuff with Farm to Table, food, childhood immunizations and family case management; Then we have wellness and health promotion. There are a lot in the field. They do a lot of sexual health and pregnancy prevention in schools. They do things to eliminate tobacco usage, they focus on that. And then they also have the dental division under them, the child dental program that sees kids from 6 months up to 18 years. So, with Champaign-Urbana we have anywhere between, just depending on the time, anywhere between 6,000 and 9,000 clients.

Paul Gilbert II 04:46
Sounds like the department wears many hats, to put it mildly.

Julie Pryde 04:52
There are a lot of interconnected parts and over that is also emergency planning and that's where we do the planning for pandemics.

Paul Gilbert II 05:05
Transitioning to the Pandemic, (at least for those living in the moment), people have this innate ability to recall moments in their lives that hold great significance, both positive moments such as your wedding day, the birth of your children, as well as moments that were very traumatic: November 22 1963, and September 11 2001, as examples. With that in mind, do you remember the first time you heard about the emergence of COVID-19?

Julie Pryde 05:43
I do actually. And now there is the first time I heard about COVID, and then there's the first time that we realized that this is going to be a pandemic. I knew it had potential as soon as I read about it. I read something called CIDRAP [Center for Infectious Disease Research and Policy] , which is out of the University of Minnesota, and it keeps up on infectious diseases all over the world. And I was reading about what was going on in Wuhan [China], and it was really early. It was either at the end of December or the beginning of January, 2020, and right away it became clear how fast it was spreading, and what they were doing for mitigation. So, what I remember more than that is the initial meeting that we had with the University of Illinois, the infectious Disease working group. We all called the meeting. We all came over to the Fire Service Institute, we're on a huge team over there and started discussing what's going to happen. When you have students, faculty, or staff coming back from the Wuhan area to our community, what do we do to make sure that [if] they are bringing back the virus that we can't test for, what are we going to do about that? So that's the meeting that I really remember that very first kickoff. And it was before the State had said anything about it. It was way early, and in Champaign-Urbana, we rarely wait to hear something from the State, because we know that we have a very international inspired community, whether it's people living here [or] just lots and lots of international

travel. So, we really did keep an eye on all the world. We don't usually wait to hear about that from someplace else. That's the day I remember. I vividly remember that meeting, where I was sitting, who was in there, you know, the things that were said. Then we had several subsequent meetings after that to figure out what we were going to do. How many people we were expecting to come back. It was a very uncertain time, there was no widely available testing or anything. So, it was going to have to just be overly precautious.

Paul Gilbert II 08:12
You talked about the work going above and beyond that, and members of this community, especially the some of the first in a line of fire, so to speak, big took in order to protect others. Correct me if I'm wrong, but as part of your department's role, essentially on the frontlines trying to keep others safe, you were one of the few things in this area that didn't shut down. What mitigation strategies did you take to keep your staff safe until we developed robust testing and protocols under the direction of the CDC and other health organizations?

Julie Pryde 09:22
Yeah, once we had our first cases here, which were in March of 2020, we implemented all kinds of things within our agency. We started you know, having masking, we started having social distancing. We started basically we were just trying to do what we would do for any other type of respiratory type of illness that may be spreading that we don't you know, we do the flu, but we have the benefit of having vaccination for that. But it's the same kind of thing. We wanted to make sure that those who are vulnerable were especially protected. So, There were some staff that we knew we assessed all of our staff to know who could and could not work direct service. So, we had some nurses who had to step to the back because they could not be up front. We were on the frontlines in the sense of like information and planning and response. But the real people that were on the frontlines in danger for all of the health care workers, they never, they never got a break, you know, from the time they started, and they had no vaccination. At the very beginning of this, they didn't really have any personal protective equipment either, which is, you know, just unbelievable to say in, you know, the 21st century in the United States that we don't have enough personal protective equipment to protect our healthcare workers. But that's where we were. And so, they were really the ones on the frontlines, and the most danger we were, we were in the front lines, but on a different stance, we were not interacting with the public in the same way. And certainly, we had our signs up and for reminding staff that if you have any, any type of cold that you feel like you're getting a cold and you feel like you're getting a sore throat or anything like that stayed home, we feed or stay home. So, we reiterated that because you know, there are always people who think that they're indispensable and need to come into work, even if they're sick. And we absolutely discourage that. Always.

Paul Gilbert II 11:25
So, would a good metaphor to describe the role of CUPHD vis-a-vis healthcare workers be you commanded the field offices while the nurses were the ones in the trenches?

Julie Pryde 11:39
Yeah, that's pretty much the case. And, and the doctors, the nurses and doctors, the people at the hospitals and the clinics, the people who were seeing it will people, because when somebody came in

with a cold, you didn't know what that might be. So, you had to act like it, it could be potentially you had to assess at the time, it was mostly assessing for travel history. Of course, that didn't last long, because it became it spreads so rapidly.

Paul Gilbert II 12:03
We touched on this a bit earlier about how the community went to the ICS Incident Command System structure here where CUPHD and the University partnered on abating and responding to this pandemic. Was that the direct result of those preliminary meetings in January or did take some time? [JP interrupts] [PG continues] for the apparatus to develop to what it currently is?

Julie Pryde 12:36
Well, so what happens when we have an emergency, no matter what it is, it can be a tornado, it can be a flood, it can be you know, they use it for hurricanes and wildfires, it actually came out of the wildfire community. But it's Incident Command System as a way to communicate so that everyone is communicating using the same language, the same terms, the same positions, and everybody knows what their role is based on that. So, we also use it for an infectious disease outbreak, we used it during h1 in one and then we use it during this we also used it on smaller outbreaks like measles outbreak at the U of I and the mumps outbreak at the U of I and different things like that. So, when it was, you know, when we had the cases in Illinois, we knew how rapidly it was going to spread. So, we went into what's called you know, that we call the EOC, the Emergency Operation Center. And so we had those positions, my position is incident commander, and then we had the Director of Logistics, Director of Operations, Director of Planning, logistics or incident logistics, you have your medical input, your medical staff, and, and it's all that you do this, it's more of a deliberate process than then normally happen so that you're just not so that we can talk to fire, we can talk to the U of I, we can talk to everyone. And we know that we're all using the same type of language because normally we don't use that. I think police and fire are the only ones that really use that regularly. So, we use those positions and probably the biggest benefit of that was the Joint Information Center. So, what that is, it's called the JIC. And it is all of our public information officers from the mayor's offices from the fire from police, sheriff's, U of I, all the public input and hospitals, clinics, all of them have their own public information officers. So, the JIC is the way that we all get together and make sure that the messaging is the same. It's consistent. It's going out from all places in the same way at the same time, too, because that is vital when there's a lot of information and it's changing all the time. So that's really, that was really probably the most, in my opinion, the most important piece of the whole incident command system at the time. And the good thing about Champaign County as opposed to a lot of other places is we've taken this seriously since you know, 9/11, when they first kind of rolled it out for us to start using. And we've had lots of training, all of our community partners have trained, we try to use it anytime there's an event so that we all get used to using it, because it's this different than what we're used to. So. And we all know each other, we can all text each other and call each other. And that is important too. Behind the scenes. If you need to speak to a mayor or the chancellor of the university, or you know, anyone, it's nice to be able to do that. They can call us; you can call them, and you get a lot of stuff taken care of quickly that way.

Paul Gilbert II 16:04

Circling back, you mentioned how (in case anyone long since removed from the pandemic, listens to this in the future) how early on, we struggled as a nation to supply our health care workers with the PPE, personal protective equipment. And with that in mind, how did CUPHD, and the university, partner to serve underserved communities to meet their basic needs during this pandemic? Again, what did underserved mean as pandemic shifted and change over these previous two years?

Julie Pryde 16:47
Well, at the beginning of the pandemic, but first, the first goal was to make sure that all of the available personal protective equipment in different places got to where it needed to be. So, for example, CUPHD had a lot of PPE that we have for various things, we shifted it to the hospitals or to the long-term care facilities. So, we were coordinating getting all of that moved out to where it needed to be first, everyone else was basically told to stay home, you know, and stay away from each other, but people who were working in clinics and couldn't do that, then what they call the essential, you know, essential jobs. Whether it was working in a grocery store, or you know, whatever you were, you had no choice but to have contact with the public. So, then we started working to try to get stuff to those individuals. And that is where, you know, the university and our community really stepped up. I mean, we had groups sewing masks and creating masks using the CDC guidelines. The U of I's Krannert costuming department started making masks by the ton and PPE. What's it called Bert Jones? or is still called Bert Jones that collegiate cap and gown, or Herb Jones or whatever it's called now, you know, they started making PPE for the different places that needed it. And this was obviously not disposable, but it didn't need to be disposable, it just needed to be washable. So, everybody just started focusing, I had people calling me who used 3d printers, with designs they were making, they were making stuff, and people were just bringing them in, by the by the ton. So, at that time, it was mostly for frontline workers and people that didn't have access to it. And then as that started easing up, you know, we started being able to move it, move stuff out into other types of employment positions where people had to be there, a lot of people were able to work from home, but certainly not everyone at all. And those were typically lower wage workers, those are people who often like, for example, the pork plant in Rantoul, we knew that there was going to be an outbreak there if they didn't immediately get PPE out, because and change the line and change the way they did things. We know that because we were seeing it in other states. So that was an easy one. But what was not easy was to get them to shift over and get that and deploy that stuff to their, to their staff and to make those changes. Because when you make those changes, it slows the line down, you know, the production slows, and the money slows. So, it was difficult to get that to happen. And it really didn't happen in a major way until they had an outbreak. And we were very fortunate that we didn't have any deaths of that because a lot of other places did. So, anything like that, you know, factories, places where people had to be working close together. And then what we also know from working with different populations, and that will be one of them is that it's not just the line, you know, they're living, some of them are living together. Some of them are carpooling together. So, you have to look at all of that and In the messaging had to go out. But this is all part of it. And we knew at the time, if we get one case in there, it's just going to spread like wildfire faster, we can know about it faster, we can implement isolation procedures. Now, when you have multi-generational households or households that have a lot of people living in them, it's very difficult, if not impossible to isolate a sick person in that space. So, they may share bathrooms, they share bedrooms, they share everything. And so, we started using hotels and motels and hotels to be able to put people in in

isolation there so that they could protect their family that way. So, you know, there were just so many things going on all at once.

Paul Gilbert II 20:52
To put it mildly, it's been a roller coaster of a ride.

Julie Pryde 20:55
Yes. [laughs]

Paul Gilbert II 21:00
Variants changed, sometimes the guidelines from on high at the CDC changed. But with that in mind, what do you think about how your, as well as the university's responses to the pandemic as information updated and changed?

Julie Pryde 21:23
You know, they worked closely with us the entire time. And what we had as a public health district that a lot of health departments don't have is we had access to experts in all kinds of fields, immediate access. I mean, we had meetings all the time you had you had U of I can tell you exactly where I was sitting when I got the email from the chancellor. And that that made me feel like wow, you know that we are on a whole different level of assistance here. I was sitting there, I got an email, as did the two presidents of the hospitals. And the Chancellor asked us what you need. This was early on. This was back in March, when we very first were starting to move into the mitigation already. And he said, “What do you need; make a list.” And so, you know, we made a list. And it was big things, it was things that I didn't think that we would get or even were possible, but we were going to ask for him because that's what we needed. So, we put them on the list at the top of that list at the time was ventilators. And the reason why ventilators were on the top of the list is all we had to go on at the time was what was happening in New York State and Italy and China, where we were seeing that people were dying from lack of access to such things as ventilators because it was a respiratory disease. We also know from history that that was always a big problem. And we know that the regular ventilators there aren't that many we know how many are in our community, we know how many are in the state, and there just aren't very many. So, at the very beginning, that kept me up a lot worrying about that we have the space, you know, we have a plan in our community to do this. But let's say we had some massive outbreak here of some kind of, of viral respiratory thing, or we had some kind of chemical contamination, something like that, we would always be able to pull resources from other areas, we could pull them in from all over. In a pandemic, there are no resources to pull in, because everyone's in the same boat, albeit at different times, because you saw how the waves were in different ways at different times. But that really kept me up a lot, I was very concerned about that. So and so were the hospitals. And so, we also asked for, you know, testing, again, that seemed kind of silly at the time, because it was like, Oh, what did again do create testing? They did! They literally create, started creating ventilators. They created testing, we asked for PPE, we asked for modeling, which we got amazing modeling as the state, we asked for, you know, all kinds of things that we asked for antibody testing. And the only problem with that is with antibody testing until you actually know what that means, it's not really of use. So, we know if we test you now for antibodies to measles and you have them you have a titer that says you've had measles where you've been vaccinated, we know what that means

you have protection, probably lifelong. With this, we had no idea. And as we found out after the vaccine, we found out that these variants are just going to keep changing, keep changing, keep blowing past the initial protection, but saving your life by not giving you a serious case. So, we you know, there's just all these unknowns and a university stepped up immediately. And what they did, what I like to say is that they unleashed the brilliance of all the minds at the university and they just started focusing on these things, I have never in my life witnessed anything like that I feel honored that I had a place in watching this in the history of the world, you know, to see this being done. Because I don't think that anyone who was not, didn't have a front row seat can really tell what was going on. And it was huge. You know, I cried when they called and I remember sitting there watching the video of the ventilators, you know, I cried, I got the best night's sleep that night that wow, they can do these almost impossible things. We cannot underestimate the importance of the SHIELD testing and saving lives. The access to that, what testing does for us is make the invisible visible so that we know what to do with it and how to mitigate it. So that was just key. We had more testing here than any place in the entire state. And we almost did more testing than all the rest of state outside of Urbana, because of the SHIELD program. So it was just, you know, we could call over and we can talk to a virologist, we could talk to immunologists, we can talk to someone who's doing modeling on different things and put in different inputs, we could talk to, you know, biologists and chemists and anything that we needed, or we had a question about, we there was no waiting for information. And there was no waiting for us. There was no waiting for the hospitals, there was no waiting. I mean, you literally just call over and get that information. And it's, it's impossible for me to describe how important that was not only to our entire outreach right now, their outreach, our response, but also the state's response to you know, we had we had a governor who was listening to public health director and the public health director was listening to the modelers and the experts and the local public health departments. So, without them in those positions, you know, I don't think that the information would have made it as far as debt and benefits as widely used. So that was important, because we see what happened in other states where the governors did not listen to the science. And when you have something like a pandemic, we have something unknown, you know, a flu pandemic, we would have known a lot more to do with how to react to that, because we all know what flu does. And we all know, we've all prepared for flu. And while a lot of the planning was similar, it was not it was not the same because Coronavirus just did things that we had no, all we had to look at the time was SARS, you know, and what happened with SARS. So, this was just completely different. So, to be able to have literal, instantaneous access to all of these, all of these experts, and that they were so forthcoming, and they were so accessible, and they were so kind and patient, you know, to help bring everybody up to speed. And it was, it was amazing.

Paul Gilbert II 28:29
You mentioned earlier how, in one example, a pork plant in nearby Rantoul would have needed to essentially change how they conducted business in terms of running a line to slaughter and process the animals. And I know in other states especially, there has been a push back in terms of responding to this pandemic in a way that doesn't affect the bottom line. How did your department and as well as the university plan around people who necessarily didn't want to fall in line, whether it was to use an example from the New York Times, students who were actively circumventing testing protocols or businesses who did not want to respect the science and keep business as usual going?

Julie Pryde 29:27

Well, again, I think our county was somewhat unique in that in that we were all on the same page. So, a lot of my colleagues didn't have support from the sheriff's department or the or the mayor's office or the State's Attorney's Office. So, we tried to be as clear as we could with the guidelines and you know, express that this is to save lives. That's what we're doing. You know, we knew that we had to get to a vaccine, and at the very beginning, we had no idea how long that would have been. It was way faster than I thought it would have been. And I'm thankful for that but Then, of course, we ran into the people not taking it. So that was a whole nother issue. But we, we had to do these hard, painful mitigation steps in order to get us closer to a vaccine and effective therapeutics because there really nothing at the beginning, probably at all. So, what we did was we just all were on the same page, and it was like, We are not going to, we are not going to allow these places to stay open, when it go against the guidance. And he tried to explain over and over what the reason was, and we tried to help, you know, in any way we could, but we had to do that. But what the university did, that was really amazing. I mean, we're talking 50,000 students over here, right, that's, that's bigger than some of the counties you know. So, what the, the Chancellor and the Vice Chancellor and Provost and everyone what they did, was, they we met all the time, and we met with business owners, and we met with everybody. And we started to see the problem, we started to see rising cases, what we then did was we got everybody together. And we use the modelers to say, this is where this is going, because our goal with the university and the university's goal was to keep it open. But to have to do things completely differently. And it didn't remain open, some places did not so and what they can do is because especially of people house there is they could just come up with, you know, guidance, and it would stick. So, it's like, if you are going to have a party, you are going to be suspended or sent home or whatever, that's a pretty significant thing to do. And it really, I think set the tone that this is serious that the university is not going to put people's lives at risk, nor is the community and it's not going to be tolerated. A good example, I thought of the university and the business community and public health and everyone working together was when the bars voluntarily closed for a period of time to give the students a chance to get back and see who was bringing it back into the community and isolating them and getting through that period. Because we were always working usually just like she the two-week periods, isolate and quarantine, prevent the spread. So, I mean, I thought that was an amazing thing that has happened. There were certainly it was certainly not without, you know, problems. But there were a couple of places that really had at the very beginning that they were going to, you know, try and see what they can get away with and they didn't get away with it. And I think that that set that set the tone and let people know that held very serious it was. So that, you know, again, we can't do that we can't ground people to their home. So, and the university essentially can I mean, just like when they said when we come back from break, you're going to be in your you know, stay in your room, stay away from don't go out for two weeks. And again, the idea is so that the students weren't, they weren't getting as sick, typically, but they weren't been taking it out into the community and causing other outbreaks that we would have to deal with. So, it worked. It did work.

Paul Gilbert II 33:27
In terms of getting the message out both initially, (the ways to stay safe), and then later the vaccine rollout (which I feel like you have some thoughts on that we can talk about later), would you say that this forced you to reevaluate or in any way change how your team used social media as an advertising/messaging tool?

Julie Pryde 33:57
For COVID, we have used social media a lot before. We rarely got, you know, what are referred to as trolls or people, you know, harassing us on there. We rarely had that. But we kept going with social media. But we had to greatly expand for this. So typically, we don't do a lot with the newspapers, or you know, cable TV or anything like that, because that's not usually we're trying to reach in this case, the first people we were trying to reach for seniors, because they were absolutely most at risk. So that's why we came up with the ask the administrator column in the local newspaper and have a little cable show where he's just asked questions and tried to update people every single week because things were changing so fast at the beginning, and I tried to explain why some things were changing, too, so that people understood that, but what I what none of us ever had ever planned for was actually having the federal government in and working against us and there very beginning that was happening. You know, there was a lot of just misinformation coming out and basically magical thinking it's like, okay, well, that is not helpful. So, we just tried to make ourselves the trusted local source and then people can ask us anything. So, what social media really helped with during this and we did use it a ton. Is people were allowed to ask questions, and I can't tell you how many questions I answered either via messenger or directly on Facebook or via my text or emails. You know, we had a whole entire area set up where we had people answering calls and questions all the time, it was a website, or email, Coronavirus, what email. So, it was just constantly getting messaging out, then we also work through with let's say, the Guatemalan community, and we use the social media that they tend to use, and we used because they were, so kind of all we would, I would actually just sit and talk to a person, and he would then translate it. And it was just these little video and audio clips of them, they would share with the networks. And so that work, so we had to look we also use all of our own. Within CUPHD, each division has clients that they consistently reach out to so they know how to do that. So, whether it's the moms in the WIC program, or the injection drug users who use our syringe exchange program, or the HIV clients that we have, or you know, whatever it is restaurant owners in the Environmental Health Division correctly mentioned them earlier. We, we have our own ways of reaching out to them that works for them. So, we use all of those, all of those ways to get messages out. So, in tried to direct it specifically to the subgroups to make sure that they were getting in not just that, if they didn't hear, listen to make media or even read our local paper or whatever, which a ton of people do not. It's mostly an older audience, but read the paper and the consumable news. So, we just tried to set ourselves up to be the local trusted point of contact and for the most part that work.

Paul Gilbert II 37:28
C-U [Champaign-Urbana]'s Dr. Fauci, essentially.

Julie Pryde 37:30
Yeah, there you go. I mean, yeah, is the same thing. And then it became when that all got politicized, and people weren't listening to him. Now, trust me on this, if you need to listen to a voice of reason during the pandemic, Dr. Fauci is who you want to listen to and also the Centers for Disease Control are world renowned. That is who the world uses, not just the United States. That's where the experts are. That's where they come up with the guidance stuff. And that's why it changes. What people didn't understand is that when you're dealing with something unknown, like a respiratory Coronavirus, all you have to go on its history, right? You don't know what this particular one is going to do. So, when you first do it, you cast the net wide, if you will, you're doing you're throwing everything out that you can't,

six feet apart this long, you know, stay away from each other do this to deal with the mask, or we know what mask sport. The problem with that is we didn't have them. So, we didn't want them to be being hoarded, which was also happening, we didn't want the mask to be hoarded from people who needed those in the health care field and that long term care specifically. So, you know, you start this big, and then as the research keeps going, because they're researching stuff all the time, either, in some cases, actually, you know, basic research, but usually it's more like epidemiology. They're seeing what is this doing? What is this looking like, who isn't monstrous and then the guidance keeps shrinking, basically, and it gets less and less. And then we get a new variant, which completely surprised us to get a new variant that fast, but was that different than you have to expand it again. So, it is constantly changing, but that's how it is. It's just that people aren't used to that. They're not used to we do it all the time with other things that are new. Um, certainly we did it with HIV/AIDS, you know, when at the beginning of that they had no idea how and you have to say, okay, it can happen all these ways. We don't know, you have been you've been through and figure out what it is and they're able to change the guidance, but when dealing with an unknown illness like that, it's it is it's very challenging. It's very challenging, and you want to just keep getting to where you can have the, the, you know, all the magical tool that everybody wants, which is a vaccine safe and effective vaccine. We got that in record time. in record time

Paul Gilbert II 40:03
Would you like to talk more about the rollout of that vaccine? Particularly, what role the University played in terms of getting it out to members of the community?

Julie Pryde 40:13
We, you know, we had a vaccine plan based on who was most at risk. And it started out the guidelines from the CDC and the state, because you're using that vaccine, you don't buy that vaccine and get decide what you're doing with it's been given to you. And that's a lot of rules attached to it. So, we knew that we needed to work with seniors first. So, we immediately started messaging that seniors need to get in here. So we worked with U of I, and we use the Fire Service Institute worked with us, and that the U of I, and we use the Illini Conference Center only conference. And our, our clinics were amazing, we got so much good feedback over those other places didn't have the rollout we didn't, they also didn't have the cooperation we did, they didn't have the staff, they didn't have the, you know, we had, we had Fire Service Institute people over there, doing all of the observing to make sure that people didn't have a reaction and to be able to address them. As paramedics, if it did have one, we had help from the university and even though tell staff at some point, helping us to set these clinics up and break them down. And we had, you know, everybody advertising for us, everybody was getting that information out. So, and then when it came time to reach out to the university community, and the U of I did that throughout the pandemic, just amazingly well through their email system and the text messaging system, you know, they've got that down beautifully. So, we knew that everybody was getting the same information all the time, from the U of I, and then we worried about the rest of the county. So that with the vaccine rollout, you know, it started out great, the seniors were very, very robust. turnout for that is very, very good response. And then as it went on, it got less and less and, you know, the misinformation started coming out and being propagated and it was basically propaganda. For what in that you don't understand, I never did understand really, the point of that, because, you know, if you're doing something that is putting your listeners or your constituents or your whatever, at risk of death, you

know, that doesn't make much sense to me. I never did understand that, I never will understand it. But...

Paul Gilbert II 42:42
We can have a conversation about that later. Once we stop recording, because it is a little off topic. But on the subject of the increasing struggle, it was to encourage people to get vaccinated. And as well as challenges that you encountered as the information changed, knowing what you know, now, would you make any changes in terms of how you responded to the pandemic, or, or the messaging that you used to convey information to the public?

Julie Pryde 43:22
You know, knowing what you know, now, of course, we could have the, I think the information about the masking and explaining how, how the virus was changing and becoming more infectious. I think that some people, for whatever reason, didn't believe that, and I don't know how we could have made that more clear. But you know, the main thing was just the vaccine and how important that that was going to be. And we're used to dealing with, you know, the typical anti Vaxxer type community, they're relatively small. We didn't anticipate it becoming a political thing. And all of a sudden, people who have always taken their vaccinations weren't going to take this one because of something that they heard that was erroneous on tv or write on the internet or saw a meme or, you know, whatever. So, I don't know how we can fix that. We've talked about it endlessly, but I don't know how we could have done anything differently with that. Because our job is to get the correct information out there to as many people and we tried everything. I mean, we tried everything to reach the people who were getting alternate, incorrect information in other places. And you know, we had more people die after the vaccine was available than before, because of the sheer infectiousness of it. So, you know, it was before there were a lot of mitigation and things in place, then once the vaccine got there, the end that everybody had access to it, then it becomes you. If you don't take it, you are still at risk, but because the variant is so much more infectious there are so many more people with it, and there's going to be so many more people that die, because how it works is you see the cases go up, and then you know, will actually start coming down and you see the hospitalizations for the lagging indicator the deaths. So, the deaths, you know, were sometimes a month or so after they were initially infected. And sometimes people would come back in with something that they was caused by the COVID. And that was everything from kidney failure to, to lung damage, heart damage, all kinds of things,

Paul Gilbert II 45:34
Not to mention the people who put off or just weren't able to get medical treatment for other illnesses because of just how hard our hospitals were hit during, during the peaks of the pandemic.

Julie Pryde 45:48
Exactly. And so, we know in public health that you have your initial you have your death count, if you will, or your death rate. And that's based on actual confirmed lab cases. So that's the initial number. But from that we can see I can already see it in Champaign, you see, this is the, this young, this is the number up here for the past 20 years, in our five years, whatever you're looking at, these are the deaths, you know, and then all of a sudden, you see and taking in you can see where the COVID is, what accounts for this while we know that it always does for a variety of things. And we just mentioned

it not accessing healthcare, a lot of people didn't access health care, because they were scared, they would catch COVID. there that was very true as a first year. They also the hospitals to keep capacity, they had to eliminate elective surgeries, they had to let you know, and when we say elective surgeries, a lot of people think oh, that's a nose job or something. No, it's not actually it's things that you need to have done for your health. But it's not immediate, you know, there's some immediate things done that urgent thing.

Paul Gilbert II 47:01
For example, my sister needs to have reconstructive surgery on her knee that she put off because hospital beds in Chicago were full for, for at least a year. She didn't need to have surgery on her knee in order to live but definitely was a quality-of-life Impactor.

Julie Pryde 47:23
Yeah, and it probably caused other issues. Less exercise less, you know, in that that will cause problems down the line. Yeah. Something like that is very, it's very concerning. But our goal always was to try to public health role was throughout this was to save lives by trying to keep the hospitals from being overwhelmed. And that's why we say no, flatten the curve. And I've heard so many ridiculous things for people not understanding what that means. Apparently, they thought when we shut things down in March that that was gonna flatten the curve forever, no, the cases of shooting up and what you have to do in the cases, you're shooting up as implement mitigation strategy, so that, you know, get it gets lower, so that you know that you're not gonna have this spike, followed by this hospitalization followed by these deaths. So, we were always monitoring the hospital capacity always and its capacity. And there were, you know, there was a couple of times where it did get it did do pretty concerning. Because it's not a matter of like space, because we can open field hospitals in a number of places, that's not the issue, you have to have trained staff, and equipment and equipment. And you know, the train staff are just beating you know, they're gonna suffer lifelong consequences from them afraid whether it's like a PTSD type syndrome, or just, you know, the exhaustion and the, you know, the belittling and things that they had to take and getting screened out by patients isn't screamed at by families, you know, for something they had nothing to do with. I've heard stories locally of, of people that we've also heard nationally, getting the doctors and the nurses beings granddad, because they the people in the hospital dying, that you believe that that's what they had, you know, so it's just that that will level I'm waiting myself to read all the books that eventually come out by the sociologist and anthropologist, you know, because it is going to be it is going to be something that it where there's always been a tiny bit of that, you know, all through every pandemic in history. Never to this degree, never to this degree.

Paul Gilbert II 49:39
Do you think we're ever going to return to pre pandemic operations or has the relationship between CUPHD and the University of Illinois been changed for the foreseeable future?

Julie Pryde 49:52
Oh, I think that we are going to continue working really closely with the university we always have, but never as close See as he did during in them again. And I think that those relationships will, you know, will continue. They're key to dealing with all kinds of situations, they are key. And yeah, will we ever get

back to normal? Who knows, there are certain things that are going to change. And it's probably okay that they change, working from home that simply wasn't a thing. And now, the whole companies are saying, Hey, why do we even have offices, because that might work. There are going to be things like masks, I foresee people wearing masks, some people, myself included, probably every fall, winter, winter, at least from now on, I will certainly wear them every time I fly, I don't care if there's not a mandate, it makes sense. You know, it's already done in a lot of Asian countries. People wear it, whether it's for you know, pollution, or because they know that it's a season of a viral something or other going around. So, masks do make a lot of sense that and until COVID, really, they were not seen in the US, the only time you would ever see somebody wearing a mask in public was if they were trying to protect themselves because they weren't being compromised, usually by cancer treatment. Or if they had TB, and they had to wear them in public. It just was extremely rare. Now, it's just not, it's just not

Paul Gilbert II 51:24
Are there any personal lessons that you're taking away from this pandemic, whether it's about how unknown strengths that you had as a person about the work that you do, or about the university as a whole?

Julie Pryde 51:40
Well, I mean, I am I went to the university, I got my bachelor in my graduate degree here, my MSW and I have always just been super proud of the university. But what I saw during COVID is exceeded my wildest imagination of what they could do and how fast they could do it. And to me, that is something that will forever be a comforting, comforting thing for me, because it's not just you know, do you have if there are just brilliant people out with this is just what I saw. But there are brilliant people all over the place. And when given the authority, the time and the money to make something happen, they can make something happen very quickly. And so, to me, that is very encouraging. Another thing that I found that was I knew before the pandemic, but it really showed me even more was just how, what a caring community that we have in Champaign Urbana in the university. And but what I found out about myself, I, you know, I think that what I found out is that, you know, you just you lead you lead from where you are, I use if all things in the world that I had been prepared for my career, certainly pandemic, I prepared for that my whole career, because number one, I'm fascinating about it. Number two, that is kind of the big show for public health. And this is my third pandemic, although he is completely different than we had in H1N1, which was not as deadly, but have the urgency, and but I saw people coming together almost organically, to form this big safety net. And one of the things I always love to say, and it certainly is about our community, it's an Ethiopian proverb that I learned during HIV AIDS. And that is that when spider webs unite, it can tie up a lion. And that's what we saw here. We saw a bunch of people, you know, I got a lot of press and a lot of awards and a lot of credit for being the leader. I'm the leader just out of sheer circumstance, I was sitting in the chair as the administrator when the pandemic happened, any of my staff in my leadership team could have been there, and we would have the same result. There are a lot of people in the community who could have been sitting there. So I also learned that, you know, a lot of what people get credit for and stuff is just simply circumstance, you know, because if I had been doing the exact same thing, but been sitting in my assistant deputy administrator's job, I wouldn't have gotten recognized as much, which always made me uncomfortable because I knew the reality and I tried to let people know, this is not a one person thing. This is a massive, massive team effort, community effort, university effort. You know,

we're all working together. I just happen to be sitting in the chair. And I better not be sitting in a chair for another one. When number four rolls around my career, I hope five minutes To get getting closer to retirement,

Paul Gilbert II 55:04
There's definitely value to having a great face of the organization, especially pieces like this where the messaging and being relatable and trustworthy is so crucial to saving lives. So, I wouldn't completely brush aside your accomplishments and awards.

Julie Pryde 55:23
Thank you. But I, you know, I do think that just the one that they might have going for me is that I, I tend to be very optimistic. And I also know that from past pandemics, you know, there will be amazing things to come out of this, there'll be amazing changes, pandemics change society, they always do. And we don't know exactly what all those things are, but there'll be good things coming out with it. I like to use HIV AIDS as an example. Before HIV AIDS, there was no we wouldn't even have the platform for the probably BMR mRNA vaccine, we probably wouldn't even have that yet. You know, we have the tiny speed vaccine because of HIV AIDS, it was a community, gay male community back then, we have what people what we all knew about, but others had never even heard of, or the emergency use authorizations from the FDA, those are crucial, and it was crucial and moving things forward. That came about because the AIDS community demanded it back in the 80s, and 90s. So, I mean, always things change. before age, there was a lot more people that were closeted, and a lot, a lot less rights that came up, you saw stuff going on, you know, with the young people stepping up all over the place, you know, this we had, of course, the pandemic and racism pandemic and we have that going on same time, we have the issue with or not pandemic, but epidemic of dealing with, you know, George Floyd thing right in the middle of a pandemic. And people in Champaign Urbana came out and demonstrated in huge numbers, very intersectional, you know, amazing, organic, giant things, but they were all protected. They were all thorough, there were young people, and they were all doing the, the guidance, you know, and they, I've seen young people come up and start doing things and stepping out and speaking up and doing things that I hadn't seen so much before. It probably was going on; I just haven't seen as much but that gives me hope. So, I know from history, and I know from what I'm seeing now that good things will come from this. It may take a long time to see, and you know, unfortunately that there were bad things along the way there always are. But eventually the good things are what will be remembered and what will be moving us forward as a country and as a society.

Paul Gilbert II 58:13
Right, I think that answers all of our questions. Thanks again for taking the time.