

II: OH Soldier

1. Describe mission:

Assigned to a 10 people squad with a squad leader and an admin person (lingo for the air force because the air force was running the show). Would go to long term care facilities and nursing homes to test their staff. In some places, they would do some patients too when asked, especially if they had returned from a hospital visit recently (not sure if they were supposed to - just an act of opportunity to get them back into the general population).

His team was assigned to 2 individual community missions. Random people could drive through and get tested for free.

2. What kind of tests?

- a. Nasal anterior for nursing staff (picking nose)
- b. Nasopharyngeal for community tests (one that feels like it's touching your brain).
- c. Thinks that the reason for this was that the state required all nursing facilities to get tested and that the facilities didn't want all of their staff to have to do the more intrusive test. This testing was really required to help the state get a handle on rates so they could see if they could reopen nursing homes. Nursing home associations basically put their foot down - nasal anterior less intrusive/painful and studies show they are about as effective.

3. What did a normal day look like?

- a. Work about 4-5 days a week
- b. Community missions were on weekends - usually got an extra day off if did a weekend
- c. How his squad did it:
 - i. Could just drive to the site and meet everywhere there (some squads made everyone go to DSCC every day) but always had the option to drive to DSCC (central location in OH) to get in a van and go.
 - ii. Technically assigned to the central reason - didn't really matter - had missions all over the state during the mission period
 - iii. On paper: DSCC - get to site, start between 7:30 and 9 am (based on facility and number of expected tests)
 1. Test for 1-4 hours based on the size of the facility
 2. Somedays that would be it
 3. About 40% of the time they would go do another mission the same day
 - iv. Started out longer days
 - v. Fully staffed - could test about 100 and 150 people an hour

4. Actually doing the testing:

- a. Work in teams of two (he's a medic so he was hands-on doing it)
- b. One person picks nose, the other put it in a tube and wraps it up - basically running admin
- c. Fully staffed = four, two-person teams at a time
- d. Smaller facilities
 - i. Squad leader would let two people off (not sure if other groups doing this)
 - ii. After figuring out who liked to work together best, would leave them in pairs and rotate them together

5. How did you track tests?

- a. Their way was to use blank labels and write down persons First and last name and DOB

- b. Most facilities had pre-labeled their own codes with lab orders too and they used those when provided
 - c. Originally - ODH lab recommendations - then started using Quest (private lab for this)
 - i. ODH - drop-offs were almost always big hospitals (OSU, UC) - would work directly with the health department
6. What was your squad composed of?
- a. Squad leader - army (liked him, very chill/cool)
 - b. Two air force medics
 - c. Some teams had Ohio Militia - Ohio military reserve (something weird - instead of US army on name tape says Ohio)
 - d. But most teams Army and Air guard
7. PPE - did you bring your own?
- a. Brought own PPE to everything
 - b. Always gowns, gloves, N95s, Face shields (optional)
 - c. Did occasionally use facility gloves - but always had own
8. Issues with masks?
- a. No not really
 - b. Maybe occasional person not having it over nose
9. Did anything big change from beginning to end how it operated?
- a. First month was kinda a shit show - not sure how they wanted to organize them and where they wanted them
 - b. Could tell that at some point they sat down and realized that they needed a more standard system
 - c. First two weeks - 2 or 3 missions where the teams were not arranged
 - i. After that they got put in assigned squads that they would stay with the rest of the time
 - d. Changes came as they went
 - i. Squad leader would get updates - make sure we are doing this and this, then the next week another thing would be added until they had a system down
 - ii. Sometimes they would change
 - e. After about a month had it down
10. For PPE - who supplied it?
- a. Large warehouse in Groveport - believes it came from ODH supply center
 - b. Once or twice went to supply personnel
11. Daily information
- a. Knew that leadership had meetings at like 4ish every day
 - b. Then would hear around 7 what the next day would look like
 - c. By the time things started coasting - would know what their entire week would look like usually (about - every now and then it would change)
12. Did you feel the mission made an impact on public health efforts? - had answered this question in google form (answer said no - asked for an explanation and about testing times)
- a. Beginning told to tell everyone 2-3 days for results
 - b. Then testing backup - community testing started happening too - week or two later started using Quest (thinks this backup was why - not sure, wasn't in charge or in-room)

- c. They did send back to some facilities they had tested before that said tests had taken longer than they thought
 - d. Thinks that with testing 2-3 days is a long time to not know - especially with such an infectious disease
 - e. Doesn't think it didn't help, but just not a lot
 - i. Increased testing is never going to be bad
 - f. If someone is already positive when they are doing testing, then when they leave there they're going to have spread it - staff rooms especially (likely not 100% wearing PPE properly in the staff room)
 - g. Hope that they aren't spreading it to patients
 - h. If you get a hot spot in a nursing home - not much you can do about it
13. So they would get screened and go back to normal business?
- a. Staff would be working with patients, get tested, and go back to their job
 - b. Sure some people were off while waiting for testing by chance, but they just continued about normal business - went home, not isolation period while waiting
14. Contact tracing?
- a. Didn't know but doubted the guard had anyone doing it
 - b. ODH was running the show - the guard was just executing needed facility testing
 - c. Beginning it was ODH telling them where to go, then at some point the PLT SGTS were put in charge of calling facilities to get details worked out
 - i. Not sure it always like the ODH just giving a list and saying here coordinate and get it done, or if they were doing to at first and then allowing the Guard to take over a bit more
 - d. Something he noticed
 - i. Was paying way more attention to all of the background stuff going on than anyone else in his squad
 - ii. Like how the ODH was playing a role
 - iii. He was thinking more organizationally about what they were doing (thought it was interesting)
15. How much did the guard educate you on the virus when you went in to do all this testing and be exposed to it?
- a. They did nothing about the Virus
 - b. Heres your PPE, this is how you wear it, this is how you do the test, this is how it should look
 - c. Trained by OSU nurses - the Ackerman
16. Was this part of in-briefing?
- a. Two different events
 - b. In briefing
 - c. One was PPE and how to do testing and then they practiced on each other and sent it through to OSU
 - i. The only time he got tested for the whole mission
17. Did you know anyone that got sick?
- a. No
 - b. If you did you were supposed to quarantine at camp perry

- c. At end of mission they had to quarantine - could do it at home or Perry
18. Where were people living that didn't want to expose their family?
- a. He wasn't worried so stayed at his house
 - b. Others could stay at the RTI at DSCC
19. Did you do daily screenings?
- a. Not that the army gave them
 - b. The nursing homes would have temp and covid screening station
 - i. Anyone entering had to do it
 - c. "Did I get screened everyday, yes, was it the army screening me, no - it was the facilities I went to"
20. Did anyone ever express concern about lack of army screening?
- a. "I did" (How was that received?)
 - b. "Sometimes it's hard to tell the difference between army complaining and actual like I have moral objections to what's going on, because, you know, it's almost the exact same tone"
 - i. Weren't people he worked with a lot before
 - ii. Thinks it was just perceived as stupid army complaining
 - c. He said that he complained a lot with another soldier that was an OSU student as well
 - i. Definitely not convinced that it was smart
 - ii. Oh go into one nursing home that could possibly have COVID and then the next day another one, and then another one
 - d. Did he they push it up - no
 - i. Didn't expect response
 - ii. It wouldn't have mattered
21. Do you think it would have mattered if someone got sick?
- a. Apparently people got sick on other teams and nothing changed
 - b. Didn't even stand the whole team down for more than a day
 - c. Follow up? - they didn't quarantine the whole team?
 - i. "I think they thought one of the team members caught it in the wild and not in a nursing home" - laughed at it
 - ii. That was also kind of PNN (private news network - army rumor mill from the lower enlisted that aren't told anything)
 - 1. Either way not surprised if that did or didn't happen
 - a. The rumor told them the expected response
22. Did you team wear PPE around each other all the time?
- a. No, especially in the vans
 - b. They figured if someone got it they all would
 - c. All 20-25ish in age, no one really cared
 - d. "You know how army culture is" - "you've been to drill when there have been active COVID outbreaks" (he's not wrong)
23. Informed about COVID +
- a. At the very beginning, they were telling some teams when they found positive results for those they tested but he never got any information about it and he knows other teams didn't either

24. Were you ever briefed about medical care if you got sick?
 - a. Weren't but knew it would be covered being on active duty orders
 - b. Believes on federal orders (Tricare)
 - c. Like getting injured at drill - if need treatment there is a little unit insurance card that the medical readiness NCO has
 - d. Weren't really concerned about a serious case
25. Information he just told me
 - a. Said it was odd thinking about it now because he was already done with the mission and had stepped away and put the information and such in a box and on the shelf and moved on from it - almost forget that this is what he did all summer
 - i. Compartmentalize everything
 - b. Especially when so frustrating
 - c. Ohio only used medics for activation
 - d. Called every day during quarantine period to check on symptoms (screenings)
26. Anything else you wanna say?
 - a. Talked about BS debt from deployment still despite Active duty all summer
27. With rising rates right now, are you expecting to get called back? (this in mind that some people are still on the mission until the end of the year)
 - a. No, I doubt it. The state is out of money. They have no money.
 - b. Thinks dependent on another stimulus check - some of it could go to bail out the state and set up other testing programs or fund it
 - c. Not completely sure if they would call them all back - not in a medical unit anymore and his unit is on standby for other issues around election day
28. Knowing what you know about the mission and the virus now, what would you have changed to make it more of an impact?
 - a. Thinks community testing has more value
 - b. Thinks could have tested more nursing homes more quickly but it was hard to get it organized
 - c. More manpower
 - d. Thinks they could have worked a lot harder - too many 2-3 hour days
 - i. Though it was nice to be off, it was a waste of resources
 - ii. "We're on orders, send us"
 - e. But doesn't know how many tests they had available or could get done in a day (labs or manufacturers)
 - i. Maybe if doing more testing would have messed with it
 - f. But it comes down from the top - why we weren't doing more or being more efficient
 - g. Definitely, more community testing would have been more valuable - especially while still on lockdown
 - i. Would have been easier to do contact tracing and such before we started opening things back up
29. Do you think the guard could have been used for contact tracing?
 - a. "Oh yes"
 - b. Get your commo people and CBRN and do it and put them on orders and call people and let them know

- c. Contact tracing only as good as how honest people want to be though
 - d. They didn't collect stuff for this on their mission
 - i. Not impossible with phone # on their tests
 - e. The issue was that contact tracing wasn't the government goal of nursing home testing
 - i. The goal was to reopen nursing homes because old people were dying without seeing family members for months
 - ii. "Sad and tragic - and still happening so obviously we could have done something better"
 - iii. "People got apathetic"
30. Why were we not tracking our own people?
- a. We're not high risk
 - b. Concerning with number of people he interacted with but he did explain that he wore his proper PPE and the risk was mitigated, not zero, but mitigated enough that no one on his team every got sick
31. Fears of asymptomatic cases
- a. Did find a study published by WHO that asymptomatic people very rarely spread it unless in very close contact with people
 - b. Real threat - people at bars and restaurants close to people without PPE