

Transcript of Interview with Matt Schneider by Jack Nord

Interviewee: Matt Schneider

Interviewer: Jack Nord

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Location (Interviewee): Unknown

Location (Interviewer): Unknown

Transcriber: Jennifer Schaper

Abstract: Matthew Schneider discusses the impact of COVID-19 on the Marshfield Clinic in Eau Claire, Wisconsin.

Jack Nord 00:00

Perfect.

Matthew Schneider 00:00

Are you already started?

Jack Nord 00:02

Yep. Do you have any questions, I can end it and restart it.

Matthew Schneider 00:13

No, when we are done. I'm just curious about you and your background. We can chat about that afterwards.

Jack Nord 00:16

Of course. So, I just have a few things to say before it starts, the time is 4pm and the date is April 30 2020. And then just as a reminder, any answers you provide will be included in a publicly accessible archive. So, please do not share any information that you will not be able to that will not that value would not like to be publicly available. Any questions?

Matthew Schneider 00:33

No.

Jack Nord 00:34

Cool. So I have about four background questions. And then I have around eight, Marshfield Clinic questions and then two or three personal questions

Matthew Schneider 00:43

Okay.

Jack Nord 00:44

So we can begin with what is your name and if you're comfortable do you mind sharing your age and ethnicity?

Matthew Schneider 00:53

My name is Matt Schneider, I am forty-eight years old, and I am Caucasian of German descent.

Jack Nord 00:59

Perfect in general, where do you live in Wisconsin? You don't have to be specific.

Matthew Schneider 01:03

I live in the Chippewa Valley. Eau Claire Chippewa Falls area.

Jack Nord 01:05

Perfect. Okay, and then um when you first learned about COVID-19, what were your initial thoughts about it and how have your thoughts changed since then?

Matthew Schneider 01:19

I first heard about COVID-19 on January 20th. So, that's when we actually had our first exposures risk patient. It was just starting to hit the headlines and I knew it was something serious because of what I was hearing in the news and what was coming out of China at the time. I had no idea that it would spread as quick as it did and changed our lives as much as it has in the last two and a half months.

Jack Nord 01:47

So how does this How does COVID-19 compare to the other I guess epidemics that happened in China so you have like Mars and or SARS, and all those. Can you give some like differing person like a different perspective on that?

Matthew Schneider 02:01

Sure. Well, first off, every year we see the flu. And the flu is a very communicable virus that evolves quickly and requires vaccination, and in fact is one of the deadliest viruses known to mankind. We contend and we manage that yearly almost to the point where it is an afterthought. Oh, let's get our flu vaccine and shot and we won't worry about it again until next year. I think what makes COVID-19 different than SARS or MERS and some of the other, Ebola even, is it's the first time that something of pandemic proportions has reached the United States. Because obviously the closer to home it gets, I think the more relevant it becomes. And I think that probably one of the biggest differentiators and why it's such an impactful thing for us. Pandemic proportions are obviously your biggest differentiator.

Jack Nord 02:58

For sure. So then what has been your biggest concern about COVID-19?

Matthew Schneider 03:04

See how the summaries were populated or supplemented with follow some of the effective measures of the Washington State Boy, the potential harm to humanity I think is my biggest concern. To see in some areas where there more densely populated or where people maybe didn't follow some of the protective measures and social distancing. And to to see how communicable this particular virus is and knowing that there is no vaccination and up until just today, or yesterday, there was no antiviral that really had any impact. There was nothing that we could use to generally protect ourselves. In healthcare we deal with very sick people every day. We deal with infections and viruses that are communicable every single day, but this one was different. And it is scary.

Jack Nord 04:11

So does Marshfield now have access to some of the treatment treatments that are coming out?

Matthew Schneider 04:18

I do believe we have that antiviral, I'm sorry I don't know the name of it, that was just approved of yesterday that was just approved by the FDA on an emergency basis either late yesterday or early this morning and my understating is we have some on hand. There are also some rapid developments in treatment. Initially the state of care was intubation, where you take a ventilator and take a tube and put it into the opening of the airway and you use the machine to breath for the patient. You put them on a sort of an anesthesia that would keep them from taking the tubes out of their mouth and the machine does the breathing for the patient when they can't breathe on their own. That would be essentially taking the kids out of out of the mouth. We have actually discovered that there is more efficient and effective treatment methods that inserts a very small tube that provide a higher humidity and a little bit of medicine in it and it goes into the lungs and it actually does better than a ventilation system because of quite a few improvements and yes we do have that. Right now, we done have, oh man seven hospitals about 16 clinics threw the state of Wisconsin and part of Michigan and of all the COVID patients that we currently have in our collective hospitals we don't have any right now on ventilation they are all using the rebreather.

Jack Nord 05:51

Wow, that's pretty crazy.

Matthew Schneider 05:53

Its evolving very quickly. We learn more and more about this and how to better manage patients and get them well faster.

Jack Nord 06:05

So now we can start getting into the Marshfield Clinic questions that I've created. And to start out, what is your position with the Marshallfield Clinic, and what do you do on a daily basis?

Matthew Schneider 06:17

My title is regional communication manager. My role is for the three hospitals in the western half of the state and roughly 300 providers on this side of the state. My role is media relations. I manage general PR and communications, community engagements, and to a lesser degree, government relations. That is sort of my day in and day out. I have a staff that I work with in our efforts in the respective community that we are a part of. During this COVID crisis, and I don't know if you have had a chance to talk to Lieske Giese?

Jack Nord 07:00

No, not yet.

Matthew Schneider 07:02

There is a very formal structure that the federal government. It's called incident command. If we call them, so, what happens is, it's really a way for emergency response to respond to a crisis in a quick, formal, and efficient manner and everyone knows whose job is what.

Jack Nord 07:25

Is that through FEMA?

Matthew Schneider 07:26

I believe FEMA helps manage it.

Jack Nord 07:29

Okay.

Matthew Schneider 07:30

But every county kind of, and every organization, get to institute our own incident command if it's critical. Say something like a bus crash and on paper they are coming to us we can open our own incident command or if it involves other hospitals or healthcare agencies, or in the example of a bus crash or plane crash, it would also involve, most likely emergency response. So, ambulances, police, fire. It rapidly brings all the key decision makers and stakeholders together so they can make coordinated decisions that are informed and take into account all policies that will help respond to this crisis. It's a very formal thing where you know who's the leader of your jurisdiction basically in different situations. It's a very effective and efficient model and anybody that uses it or any form of it whether its health care or county government you know what it is and how it works. So, Incident command is typically initiated for acute situations, like I said a bus crash or a tornado. Something that happened, fire, and you need to respond and its normally very localized. This is something that we saw it coming from a way off, so we could see the train light coming, and we had time to get ready for it which was really sort of unique situation for our incident command. So, my role in our incident command in the hospitals that I represent are basically in seven counties. I got involved in seven counties incident commands cause that's normally how they are run for a public health issue. The county and the state and even the federal government typically have their own version on indecent command and that how we prepare for and then manage (Unintelligible). My role in that is I'm the public information officer primary for the Eau Claire region which is the hub of our healthcare in this part of the state. But I also cover other hospitals in the area because my role is a public information officer. I play a role in managing direct communications, managing media, and then also managing as a liaison between the various counties that were connected with to make sure that we are coordinated with everybody else. There is an awful that that goes into preparing for something like this and maybe some of the questions you have later on, but part of preparing for this is developing something called a surge plan. Each level and each tier of that surge plan that is triggered by numbers of patients and your ability to respond accordingly. So, what that says is, your first four patients, and here is how we would respond, and when you have your next 50 patients here is how we would respond. We are a 44-bed hospital, and all get into that in a little bit too if you want me to, we don't have very many beds, but we are what is called a tertiary hospital (Unintelligible) that larger hospitals have. We built our hospital to be extremely efficient, so we don't have a lot of extra beds. Then, here, we built our surge response so if we needed to, as a 44-bed hospital, we could surge out almost 200 patients.

Jack Nord 10:52

Wow.

Matthew Schneider 10:55

All the hospitals, in the county, have set requirements for organizations about a surge. Once you get to a surge point when you have reached your capacity and every other hospital has reached their capacity and you still have people coming. And you have reached that point, like you have seen in New York, Italy, Spain, South Korea, or China. We have worked together on how we surge out an entire community and other comminutes we have, and to continue to maintain the best care possible for patients that are coming in. It was incredible to see how quickly in came to be. We had our emergency meeting on how we were going to spitball how are we going to do this, and there are certain things that you have to take into account. You have to consider, because COVID is a very small and little virus, you have to manage it though negative pressure. You have to be in a room that sucks the air and filters it so you're not recirculating that virus that could potentially infect other people. That was a huge consideration and there aren't many rooms in a typical hospital that are actually true negative pressure cause we

do deal with people who have tuberculous or other infectious diseases like that and they don't come along very often so to create space where we could accommodate 50, 60, and 70 people that had all negative pressure. We also had to have a ventilator unit to (help people stay alive?), now we know there are other ways to care for patients better than ventilation, but for someone that truly needs life support that your only option. There weren't enough ventilators so we were able to figure, and we aren't alone, how can you take a ventilator and safely vent two patients. How do you take an anesthesia machine to be able to provide health support to a patient. The analogy that was used when we were trying to figure this out was (Unintelligible).

Jack Nord 13:04

Wow.

Matthew Schneider 13:06

So, how do you safely vent all these people? There is PPE, I'm sure you've heard?

Jack Nord 13:14

Wow. Yep, actually have a question about that on here too.

Matthew Schneider 13:20

Okay, I will get to that one a little later. I'm just kind of rambling (Unintelligible).

Jack Nord 13:23

Yeah, no, that's totally okay. That's perfect.

Matthew Schneider 13:27

So, I digress. I will let you ask me some questions.

Jack Nord 13:30

Perfect. So the Marshfield Clinic is a relatively new and smaller in size compared to some other health providers in Eau Claire, such as, like the Mayo Clinic. Have these elements made it harder to prepare and react to COVID-19?

Matthew Schneider 13:42

No, because I think we respond in our own way. We are very coordinated when it comes to health care. We have a relatively small hospital, but we have been in this community for over thirty years and we have an integrated system of care. . So we have in this community, in terms of physicians, about 130 physicians, and if you start adding up all of our physician assistants, nurse practitioners, and then the clinical expertise of our various nurses we have a substantial work force. Where some of the other healthcare organizations in town are a hospital, and that's it. They don't have the outpatient side like we have. So one of the things we did, and I think Mayo and Marshfield were kind of uniquely positioned because we did have the outpatient side of our clinical practice. So we were able to, we actually shut down the elective procedures and services. Basically, if you're a cancer patient receiving chemotherapy, we're still bringing those people in, but if you're somebody who has a knee that is sore, we are telling you, "you know what. As soon as this thing passes, we will take care for you. But for right now we are going to have to pass on that." And we're able to kind of redeploy that staff and the protective equipment that was on the outpatient side. So I don't think being smaller was a handicap. As a matter of fact, and like, you know, this is based on hearsay, but I was I understand that we were the first one in the area to actually have our COVID unit up and running.

Jack Nord 15:18

Wow.

Matthew Schneider 15:20

From conceptualizing to deciding where it was going to go. Completely revamping the physical environment by basically reverse airflow an entire part of the building. Equip it with all the ventilators. Get them split and ready to go if we start seeing patients. Providing all the medical supplies to these rooms, kind of MASH unit type rooms, that are all set up and ready to go. From conceptualization to ready for our first patient took less than seventeen hours.

Jack Nord 15:51

Wow, that's incredible.

Matthew Schneider 15:52

Being small allowed us to be very (Unintelligible).

Jack Nord 15:55

Okay, so that was definitely a benefit to being on the smaller side then. You had a better reaction force basically to go implement it right away.

Matthew Schneider 16:07

The other thing is, for a forty-four bed hospital, because of how we were able to set up and how we were able to structure our tiered response if we were pushed max we could take care of almost two-hundred inpatients which is incredible if you know anything about healthcare. I'm proud of how we were able to respond not just as an organization. It's also heartwarming, maybe that's that not the right word. Proud, of the (Unintelligible) that these hospitals, we have to work together as a community but there is competition between facilities and when you got around the table with folks there was no competition, there was no holding things back, people were ready to put information on the table to figure it out. Because we all understood the weight of what was happening and how to in it required us to function as a unified force to beat this crisis. It was really incredible. I'm very thankful (Unintelligible) and maybe that's an emotional statement (Unintelligible) but it's true. We were anxious cause we are people too and we are scared. You see things on tv of healthcare heroes that have been working with patients and you're in a room that's filled with billions of viral cells from COVID and you may get sick and infect your family. That's scary. In the Trunk of my car, knowing that I am in and out of the hospital I'm an exposure risk to my family, I have an air mattress, clothes, and food. Everything I need to basically survive for two weeks if I get infected. I have a place where I can go and be if I get sick, so I don't jeopardize my family. To think though things like that was, we have never had to think though things like that, because we have never had things quite like this in our lives. (Unintelligible) (Unintelligible)

Jack Nord 18:15

Wow, that's pretty incredible. Um, the news has reported a shortage of PPE. Has the Marshall clinic been experiencing this too? And if so what kind of PPE is there a shortage of?

Matthew Schneider 18:27

That's been kind of a bouncing ball too. There defiantly has been a lack of PPE. And there are different types of PPE. There are masks and there a big deal. There are surgical masks and the purpose of a surgical mask is to keep everything in that you have inside your personal space. They are not going to keep you from getting COVID floating around the air. The next level of mask is what we call an N-95 mask, which you have probably heard

about. They are a little firmer, and I wish I had an example to show you, but I don't, but they are a little more solid and fit very tightly to the face. We actually do something called fit testing when we give someone their N-95 to make sure that it fits snugly around their face. We have a little bottle that has sent, and we squirt a little and if you can smell that it doesn't fit right. Then we need to get a different size to make sure you have an appropriate fit because that tight fit is what keeps that virus out. The next level of protective equipment that we have, as you are going up the tier levels, are called PAPR and its an acronym. Basically, it's a rebreather. It's a hood that fits over the top of your body and is warn as a body suit. You've got a battery powered pack that recirculates air and scrubs the air with HEPA filters so you're getting fresh air. You're not breathing air that a patient is breathing. Those are what you would typically see in an emergency department. If you have somebody that comes in with something, or that has Ebola or COVID, that would be a common type of PPE. Very early on in this process we made sure we had plenty of PAPRs and we got our hands on as many N-95s as we could. The CDC was coming out with their guidelines and that's kind of a benchmark. When the CDC says this is how you use it that the gold standard to follow. The CDC, because of the national and global PPE shortage, was coming out with really unusual guidelines. They aren't definitely the gold standard on how to use things, and when you are a medical professional and you have been trained from your first day on the floor of a hospital that you are supposed to wear PPE in a certain way. And then all of a sudden, the CDC says nope we are going to do it the other way. It's like asking someone to walk backwards. It doesn't feel right, it doesn't look right, and you know you aren't protected the way you should be and that caused some concern nationally (Unintelligible). We, right now as a healthcare system before COVID, maintained preventative supplies. It's an order that fills out a pandemic supply and then those orders would be used to fill and restock so we can keep a constant rotation. We had a certain amount of supplies on hand if we were to have some sort of major incident. As a healthcare system we would keep extra supplies in different locations so if there was a catastrophic situation in one particular area it wouldn't destroy our supply. There was an incredible amount of thought that went into managing for a calamity well before COVID ever came. That forethought (Unintelligible) and other healthcare systems have done the same (Unintelligible). I don't want to say we are rolling in PPE, but we have been okay. We have been okay so far.

Jack Nord 18:27

Good. I know that even in South Dakota where I am almost no protective equipment is available in stores. We have been making our own masks.

Matthew Schneider 18:27

That's not uncommon. We have different suppliers. We also have the federal government that is recognizing that we are sort of a frontline (Unintelligible).

Jack Nord 18:27

Of course. We have been able to get that stuff first. A lot of the companies that supply that equipment to put hospitals in something called allocation. So, if your normal burn rate of a particular piece of something is a thousand units per day and the company that is supplying it (Unintelligible) they know your normal burn rate. So, let say a thousand units per day is the burn rate, and as they produce masks, they say we can afford to give them three hundred units and they put you on something called allocation. They allocate you those three hundred units per day so then your burn rate is seven hundred. Then you start digging into your stock and supplies. That's where I said having the pandemic supply has been extremely beneficial. We still follow the CDC guidelines. I wear a cloth mask everywhere because if I am not in direct patient care I'm not going to use a surgical mask or an N-95 to protect myself. Those people on the front lines need it and we are down to just following the guidelines and maximizing the use as much as possible of PPE. Doing things like that, wearing cloth masks. I know that's probably not the most ideal, but it will work as well as a surgical mask if I happened to be exposed to keep it within my person. This whole thing has been really fascinating. To see how all it works. Even from a citizens

perspective it's pretty interesting to say the least. Because, and it kind of goes into the next question I have, you get this unprecedented view from the media who are going into hospitals and you're seeing a new perspective that they haven't really shown before. The media has been setting aside a large amount of time to interview health officials and reporting on the condition of hospitals and healthcare providers. Is there anything that they are leaving out in their reports that you feel should be mentioned or focused on more?

Matthew Schneider 18:27

I think transparency is a good thing. I think that were things, like how we use PPE was very counter to (Unintelligible). There was a period of time where we were a little shell shocked and not sure what to do about that but over time, I think the media has reset the new normal. A temporary normal due to COVID response. I think it's been fairly accurate and transparent. In the reality of the situation. Especially in the United States where it has been the most extreme and impactful. You have seen probably the worst of what we have seen so far. Hopefully we will see ever. When you see refrigerator trucks behind hospitals because there is not places to put the bodies and they need to be handled respectfully and they need to be handled safely, and what do you do with them. Those are honest, and I think you've seen it. I think the media likes to ask questions, like how many PPE do you have, how many ICU beds do you have. What they don't understand is that's a very naive question because we have had to change and adjust and do things. It's not really about how many ventilators do you have but how many patients can you vent with the ventilators we do have. It's been difficult to properly communicate that at a local level. There are complexities that are involved and when the media wants a very simple answer that they can put in a short news story. That been a little bit challenging, but it's just taken time to explain so they can translate in a way that's more informational and accurate to the reality of the situation. Early on some reports wanted to know how many PPE you had, and they already had the headline written in their head that they wanted to tell a story about shortage and danger. When in reality, in this part of Wisconsin, we were as prepared as we could be and as quickly as we could be. I would venture to guess, in the seven counties that I have been a part of and Eau Claire in particular, was as well prepared as anyone in the country.

Jack Nord 18:27

That's really interesting. I know the cases in Eau Claire are very low still. They are only at, what, 24.

Matthew Schneider 18:27

25 or 26, somewhere in that ballpark.

Jack Nord 18:27

Have the clinics in the Chippewa valley been collaborating to try to stay on top of the COVID-19 pandemic?

Matthew Schneider 18:27

There has been a tremendous amount of collaboration (unintelligible) in preparation. (Unintelligible) understand that each respective facility has their own surge plan but at some point, in time if we saw a big enough surge, we have to figure out how do we collaborate together. It's been very unselfish. Everybody came into the very first meeting as we are partners during this crisis. It was on our shoulders to how well our community manages though this surge is we ever saw one. So far, our community has been very reasonable about wearing masks and maintain the proper social distance to do what we can do keep us safe. I think testing is an issue, and I don't know if that leads into another one of your questions, but in reality, the CDC has told everybody in the country that testing priority one (Unintelligible). The test allows the healthcare provider to determine if they need to be put into negative pressure because they have COVID or if it's the flu we can put them in a regular room. Early on the first high risk patient we had in early January tested (Unintelligible). Public health basically said quarantine at home for fourteen days unless your health is in direct jeopardy than you have to come into the hospital and then we will

have to figure it out. As the test became available, they required initially (Unintelligible). By the time you swab it, you package it, and you mail it, you ship it, whatever. (Unintelligible) you're looking at about seven days. A week or two went by and they were able to run these tests at state level and it was able to turn results around in five days, and then seven days, and then ten days because there was so much volume as a state lab. The state lab in Madison could run 150 tests a day and we have 5.5 million people in our state, and they are only running 150 tests a day and there just wasn't enough capacity. Then they were able to get a lab down in Milwaukee on board running 500 plus tests per day, but it was still 10 days and 10 days is just too long to get accurate real time data. (Unintelligible). We know have the ability to run a test (Unintelligible). The problem is, our lab runs (Unintelligible) 140 tests in a 24-hour cycle in our facility (Unintelligible). That does give us real time, but the problem has been swabs. There aren't enough swabs because everybody wants and need them. It takes a while for the supply chain to catch up to demand. We are literally going a week at a time (Unintelligible). My reason for sharing this is the tests are for the state, or really anywhere that's responsibly open. You need to be able to (Unintelligible) and you need to be able to monitor real time what's going on. And if you have a hotspot, you have a spike, (Unintelligible) Green Bay had a spike.

Jack Nord 18:27

That's happening in Minnesota and in South Dakota by where I am right now. Yeah. If people are going to (Unintelligible), those people are out and about milling around the community shopping in the stores and without knowing it spreading that virus. That's essentially what a pandemic is. As soon as you know what going on, you can close things back down if you have to. That to me the biggest thing because we kind of have two crises' right now. We have the health crisis and we have a financial crisis and how do you balance the two. That's where I think our politicians and our leaders are trying to balance this out by doing this in a way that responsible. Testing capacity is huge and a key first step. You mentioned the state testing. We had one in Minnesota where you just drive through, and they test you there. I volunteer on the sheriff's department back home, on the public safety dive team, and we have these big tents with heaters. They requisitioned those for those testing sites. So, they could use them is people come in or as storage facilities and it was actually very fascinating.

Matthew Schneider 18:27

We started out with a plan to do drive through testing and around here we didn't have that first wave of surge. We had a little bit of the worry well coming in who were sort of systematic with the flu and it's very difficult without a test to differentiate between flu and COVID for the early symptoms. What we ended up doing is we ended up opening what we call a (Unintelligible) we shut down are (Unintelligible) center and kind of slid that center over to (Unintelligible) which were in sperate parts of our campus in Eau Claire. We were able to install a mobile HEPA filter in that space to keep it as clean as we possibly could. And then we opened a respirator clinic and that's where we were doing (Unintelligible). Mayo, I think (Unintelligible) but we found for us that if we brought patients into our facility because we would see those with the flu and potential COVID patients and it really kind of boiled down to a respiratory infection. We wanted to keep, again with are COVID unit and (Unintelligible), we wanted to keep that on one side of our clinic to keep our hospital as COVID free as possible. I think it allowed us to better manage from a public health perspective and appropriately manage the patients. We ended up not doing a drive through, but we accommodated patients a different way with a simpler screening.

Jack Nord 18:27

Cool. You mentioned the people coming in who weren't exactly affected by COVID but felt like did the or they had the flu. From your perspective have you seen this pandemic affect local communities physical mental health? If so, in what ways?

Matthew Schneider 18:27

Absolutely, I think its impacted people. Its changed normal for us. I think we have learned as a society that we are much more interdependent on each other then we were willing to admit. Beside the anxiety, I think there has also been a silver lining. In that people are discovering their humanity and interdependence and how much they appreciate and need other people and connection then looking for it in positive ways. One of the things that has been that has been humbling is the communities verbal support. We have a social media page and daily we are finding people posting things. This morning, it was really heartwarming, there was a gentleman in our cancer center, who was coming in for a final checkup and if the results came back and showed that he was cancer free he gets the “your cured” label. I watched the family standing in the parking lot, because visitors aren’t allowed in the hospital and the clinic you know. All of a sudden, he is in his room and he puts a sign up that said I’m cured, and they had their signs up with we “love you grandpa” and that kind of stuff and there was this moment between them that was incredible to see just to see genuine joy. COVID has changed how we interact with each other and I think that people have found a way to make it work. It has absolutely changed us in a lot of different ways and that’s probably the most profound thing. Restaurants have started to show up with food. We want to feed you and do something nice for you. We appreciate you guys putting yourselves on the line and it’s been humbling.

Jack Nord 18:27

It's incredible how everyone has come together to try to make everybody feel good and when people are feeling down there is always people to make them feel better. From your perspective what has been the biggest challenge for the Marshfield Clinic due to COVID-19.

Matthew Schneider 18:27

The biggest challenge I think is healthcare had to put themselves in a double jeopardy organizationally and that impacts our staff and our patients. What I mean by that is all of a sudden, we got this mandate from our leaders and we need to prepare for this as a country and we need healthcare to step up. We need you guys to create COVID units and surge plans. So, all the extra resources and people power went into preparing for this wave and at the same time the things, we don’t get payed for preparing, we get to take care of people. Those things that we would typically get paid for patients don’t come because we want to keep our community safe and we will have to do that later because the surge is coming. We put ourselves in the double jeopardy where every healthcare organization is facing significant financial challenges to be responsible and to do the right thing. There is really no bailout from the federal government that even going to come close to offsetting those loses. We are talking hundreds of millions of dollars a week. Mayo clinic, and you will have to go to them, but I was told was Mayo clinic budgeted for a three-billion-dollar loss though December and the end of the year. To do the right thing. We are certainly experiencing our own loss. How do you manage though that, well you furlough employees that aren’t necessary because as our whole world is preparing for COVID (Unintelligible) response. There are certain employees that aren’t essential to that response. Our marketing department got furloughed. There is a difference between furloughed and laid off. Laid off means your position (Unintelligible), you are no longer an employee. Furloughed means within the next six months and you will probably be back and your still technically employed. What we did to try to take the sting out of that, not being able to get a paycheck, we took away (Unintelligible), so that’s one thing less they have to worry about. Then of course they get the employment benefit with the cares act, that I believe it’s a three hundred and seventy per week. Then the cares act puts another six hundred dollars on top of that. So, you’re looking at just under a thousand dollars per week which becomes livable for most people. That’s probably the biggest thing (Unintelligible). This pinch that we felt is the financial reality, and the impact that it has on our team members. These people getting furloughed for no fault of their own, they are great employees. It’s not like your firing somebody because they didn’t do their job. These people do their fob fantastically. And having to tell them you don’t have a place in this. And if you get into health care your wired to want to help people face their problem (Unintelligible) solve that problem. When your being told that you’re not essential and get on the sidelines that stings as bad as not getting paid because you know that you could contribute

something but your being told you can't. So that's been really sad to see that happen. People who want to contribute, who want to give, and who want to help, they can't in the way they can. A nurse, an (Unintelligible) nurse who has special training. We (Unintelligible) to response, they get furloughed. So far, we have not had to lay anyone off. (Unintelligible) we are able to do that where other physicians have. Some of them are just to weather the storm. That's probably the biggest, (Unintelligible), and it's probably the biggest pinch that were feeling, financial pinch. I also don't think healthcare is (Unintelligible). I mentioned early that we are weathering two crises right now. One is the health crisis and the other is the financial crisis. It's going to be hard to tell which one hurts most.

Jack Nord 18:27

Going forward, what strategies need to be implemented to could be implemented by the Marshfield Clinic, or fellow clinics, and if your comfortable government officials, to prevent the further spread of COVID-19 in the Chippewa valley?

Matthew Schneider 18:27

I think to responsibly reopen our economy would be a priority, I think. As I mentioned earlier real time testing should give up to the hour data to public health officials, so they know what infection levels they have and if they have spike in our area. I think it's going to recognizing that people travel and the virus travels. We are set up in structure and I think we have the potential to have very local decisions county by county to open or close depending on what the data says. I think it would be very responsible for our leaders to look ahead of time and set what those triggers are ahead of time and not have it be a political decision in the moment. But have it be (Unintelligible) then we have to ratchet down how much people have access to things in our community. I think it would be very wise to, weather it is a mandate by the government or our own personal protection, have people wear face masks. I think people who are immune compromised, or they are cardiac patients, diabetic, or anybody else that is known to be susceptible to getting really sick if they get the virus, shelter at home (Unintelligible) if they go out and where they go to. I think those are some of the things I would recommend to (Unintelligible). How to do this right.

Jack Nord 18:27

That definitely hits home for me. My dad has COPD and he has been quarantining in the house back home, he hasn't gone anywhere because we haven't let him go anywhere.

Matthew Schneider 18:27

Is that why you're in South Dakota?

Jack Nord 18:27

No, actually. I'm here quarantining with my girlfriends' family. They live about 30 miles south of Mitchel and we are moved away from any big hub of people. We felt like this would be the safest spot for me. My mom is also immune compromised, so she is at home she is not going anywhere either. We have family members bringing her food, so she doesn't have to go to the grocery store and if she does, she wears a mask. Its less of a risk transferring something back and forth.

Matthew Schneider 18:27

I think they are going to do something just like when 9/11 happened how that actually changed the transportation industry and changed a lot of things plainly. This is our generations World War Two. Its going change things and I think. One of the things that we've seen, and I think it's a positive, we have the technology to have a conversation and see each other and physicians can use that technology to do med checks for patients and provide healthcare at

a certain level. Medicare and Medicaid, even though the technology exists, Medicare and Medicaid would not pay for a visit we are having right now even though it would meet the medical needs of that patient. The Medicare and Medicaid made a sort of emergency exemption and they are allowing this type of appointment to happen. There are that you can buy to get blood pressure, with an HD camera you can see skin, you can get heart rate, pulse rate, all that kind of stuff. Even blood pressure with attachments to your iPad currently and they exist right now. I think this is something we are going to see long term in a change in healthcare. I'm hopeful that Medicare (Unintelligible) especially for people in rural communities. So, if you live thirty miles from Mitchel, a drive into Mitchel is a big deal, and it saves a lot of time. I think it might make healthcare more accessible for rural areas. I think we are going to see changes hopefully for the positive because of this too. But we will see.

Jack Nord 18:27

I have two more personal questions to ask about what you do in your free time and how this has affected your family if your comfortable to answer those questions. The first question I have is what are some extracurricular activities that you normally participate in and how has COVID-19 affected your ability to do those activities?

Matthew Schneider 18:27

Spending a lot of time with my family. I have two daughters that are very active in sports and very active in the community, so this has kind of prevented our ability to do that. My wife is a first-grade teacher and so little kids don't have the ability to maybe hop on and get their classroom work done like somebody who is a little bit more mature can. So, when I get home from work, she is then hopping on the computer and she is doing her teaching from basically six o'clock at night till about nine o'clock at night when most of the families are at home and they can help their kids connect. I'm also seeing her, in some of those families that don't have the resources or (Unintelligible), I'm seeing her hop in her car and drive to kids houses. To draw a chalk drawing on their sidewalk or waving at them through their window just to sort of let kids know they are thought about and cared about. How has it changed our family? Our oldest daughter has been competing in swimming since she was in fourth grade and this year, she was invited to her first Olympic qualifier. She qualified for nationals at seventeen (Unintelligible).

Jack Nord 18:27

That's incredible. That's really cool.

Matthew Schneider 18:27

She was excited to go to North Carolina to compete and the nationals (Unintelligible) to not hold nationals came within about a week of the actual nationals meet. So here she has prepared and didn't get a chance to go. My heart really broke for her. She has literally worked for years to achieve that goal. It shows resiliency. Her attitude was, you know what I didn't go this year and I'm going to work that much harder to make it next year because now I know how to do it. I think challenge brings resiliency and I hope we can find that as a country. We got punched in the face. Its not if of you got punched in the face its if you can get back up. I think that's what we are going to learn about ourselves in this. The other thing I think was, as a father, I have two daughters, a freshman and a junior in high school. They both were very bummed that they were not going to be able to go to prom. One of the things that I could do is I got an outdoor tent and didn't put the awning on. Went to Walmart and bought organza, I never thought I would ever go shopping for organza, (Unintelligible). We were able to take the tents and cordon it off so they could invite a friend over, and we held prom in our backyard. I DJ the prom and we called the dads of each of the kids and they came over at the end of the dance and surprised their daughters and we had a daddy daughter dance. As unusual as it was, they wore their dresses, but they also had PPE on, they had hand sanitizer, (Unintelligible), in a gift bag in their share of the corner of the tent. It was all very COVID responsible. As

unusual as that was it felt so normal, it (Unintelligible). Its changes a lot but it's all in how you look at things and if you are a positive person you will find ways to adapt and...

Jack Nord 18:27

Overcome.

Matthew Schneider 18:27

Make the most, yup.

Jack Nord 18:27

I think you make a really good point that obviously we are in unprecedented times but to try to make it the most normal as possible and go back to doing things in the past is really good for us.

Matthew Schneider 18:27

There is a podcast if you're interested, called The Happiness Lab, and there is a (Unintelligible) professor who, they're done with season two, and really it looks at brain science and what makes people happy. I think some people are more wired to be framed that way, but it is possible to put yourself in that mood. They get into the brain science and they also use (Unintelligible). If you think about a finite resource and you give something to somebody, then you have less of it for yourself. But giving to other people you get more in return. That's something that I personally, I guess, (Unintelligible). I go out of my way (Unintelligible) because I know it makes them feel good. And you know what (Unintelligible) it makes me feel good too. Being intentional about that because its easy to let this stuff kind of win you over. When I am sitting in meetings and were figuring out (Unintelligible) martial law where to we put the bodies and all that kind of stuff. The first time you hear that it's kind of a slap in the face. For about a month, seven days a week, 12 to 18-hour days. I slept in my office because I needed to be close and I was worn out and tired. Taking the time to be intentional about thanking other people I feel like (Unintelligible), and I how got though that for a month and a half.

Jack Nord 18:27

Well, I don't know where we would be without people like you.

Matthew Schneider 18:27

Well, I like to think that if I was in your place (Unintelligible).

Jack Nord 18:27

I would try.

Matthew Schneider 18:27

That's what we do. Hopefully you will be prepared (Unintelligible) because someday it will be your turn.

Jack Nord 18:27

Well with especially with so many coming out, these viruses. You have SARS and all these different ones, and they just keep coming.

Matthew Schneider 18:27

If it's not this it's going to be something else. As individuals, as companies, as communities, and (Unintelligible), resiliency is a big thing.

Jack Nord 18:27

I even remember H1N1 when that came out. I think I was in 6th grade and I actually remember filing into the gymnasium and getting the H1N1 shot. It was such a surreal experience.

Matthew Schneider 18:27

One of our physicians here is from Africa. She was a physician in Africa when the Ebola outbreak happened, and she and I talked when the first risk exposed patient became known to us. To hear her talk about what Ebola was like it was surreal to hear. That's when I got my first sense of Ebola typically (Unintelligible) Ebola die. That's not the case with Corona Virus (Unintelligible) and that's kind of what we see around the country. It's getting better as treatments get better. It's not Ebola but it was definitely (Unintelligible). Thankfully we have seen that surge in the Midwest like they have on the coasts.

Jack Nord 18:27

Well, you've answered all my questions. So, my last one, is there anything that I have left out that you would want to comment on?

Matthew Schneider 18:27

I appreciate the fact that you and the university and some of your partners in the country are taking the time to get some of these things down. So, in the years to come people can kind of look back and hear kind of first-hand what this was like. So, thank you for taking the time to do this.

Jack Nord 18:27

Of course. From our perspective it was a very interesting thing because we were actually working on building a full-time exhibit in Irvine Park, the interpretive center, and we just immediately shifted right to rapid response collection. It was literally within three or four days we were starting this. We've gathered so much data and so many artifacts its incredible. I'm really happy that we can do it. Especially give voices to everybody from the community from marginalized voices all the way up to the chancellor and the dean of the University of Wisconsin – Eau Claire. It's just been a really interesting project.

Matthew Schneider 18:27

Thanks for doing it.

Jack Nord 18:27

Of course.

Matthew Schneider 18:27

It was nice to meet you.