Project: Documenting COVID-19: Stony Brook University Experiences
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Narrator: Joan Dickinson (JD)
Interviewer: Chris Kretz (CK)
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Summary: Joan Dickinson is the Director of Community Relations at Stony Brook University in the Office of Government and Community Relations. In this interview, she discusses the work she undertook through her office coordinating the donations of goods and supplies that came in through students, alumni, outside organizations and the public. She also describes how those donations were processed and distributed, particularly to hospital workers, during the pandemic.

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CK: Today is Tuesday, December 8, 2020. This is Chris Kretz for the Stony Brook University Libraries interviewing Joan Dickinson for the Documenting COVID project over Zencastr. Joan, first of all, thank you for sharing your experiences with us.

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JG: Thank you. Thank you for having me.

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CK: Can we start—can you tell us your position at the university and how long you've been at Stony Brook?

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JD: Sure. My position is Director of Community Relations. I'm in the Office of Government and Community Relations. I've been in this position eight years and I've been at the university since ‘97.

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CK: And if you look back to the—what would your focus have been in a usual spring semester? If you look back to a January, February—what would you have been working on?

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JD: Well, typically in January and February I'm planning a lot of school visits. So one of the things that my office gets involved in is bringing students, particularly from underserved communities, to the campus so they can experience what a real college lab is like and what a real college campus is like.

And I have a host of faculty members throughout many departments on campus who volunteer their time to open up their lab to give these children an experience—a real-world experience that they can go home and be excited about education. And for a lot of them, it's the first time they've ever seen a college campus.

Aside from that, typically by March—I am the executive director of Communiversity Day which is a campus showcase of a lot of different departments and activities that we have here. It's a free event open to the public. It takes place in September, so typically by February, March, I start kicking off—who wants to participate and what that year's program is going to look like. Of course, all of that got put on hold.

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CK: Right. So if we look back to the beginning of 2020, when do you remember first starting to hear about COVID, and what were your initial thoughts about it?

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JD: I remember by the third week of January, because our office is government and community, we were starting to hear already that there were issues with students who had traveled during the winter break. That students who went back to China were suddenly having an issue with getting back out of China because the pandemic was spreading there already.

So it was on our radar, but I wasn't exactly connected to it at that point. That's not my position here at the university but our office is [connected], so I was aware of it.

And I knew at that time—given the resources that were quickly mobilizing on this campus—I knew something big was happening. Just didn't know to what extent yet. 00:03:01

CK: When do you remember—or how did it start to affect your area?

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JD: By early March, people started calling up once word went out that the number of people who were infected was rising and that the community was at risk. And we really didn't know a lot in March about how this virus moved, how it's shared, who was more susceptible. All those pieces of the puzzle really weren't known yet. So people started getting very panicky.

And in order to help, they started showing up to the campus with donations. Because people were hearing [that] we're going to have a PPE [Personal Protective Equipment] shortage if the numbers keep climbing the way they are.

There was a sense of urgency and panic that started settling in. And people started randomly showing up with food and masks and gloves. So by mid-March I would say—around March 13 or so—we started looking at how do we manage this. Because at that point, people were not supposed to be coming near each other. We were trying to keep people separated so the spread would be reduced. But how do you manage taking in donations without having people have contact?

And while all this was happening, the state designated the South P lot as a testing site. So my counterpart in this office, Mike Arens, he was working day and night with our boss, Judy Greiman. She's the Chief Deputy of the President and she's Senior Vice President for Government Community Relations. So they were working hand-in-hand on trying to get the South P lot testing site up and running. So by the third week of March, everything was in “go mode.” Everything was activated.

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CK: And you mentioned the people coming. Can you give some examples of the people—or were they institutions or groups—coming with donations? Can you talk a little more about that?

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JD: The donations were an interesting experience. They were far and wide.

We started out with a request. You know, the hospital basically said if people want to donate masks, there were certain kinds that they were looking for and that we would accept them.

And then word got back to us that since we have this open communication channel of people willing to donate things, there were other things we were looking for as well.

As the campaign progressed, we literally had a way for anybody who contacted me to donate. So some donated medical supplies, and they were community groups and individuals and alums from China shipping thousands and thousands of masks to us here.

And then we had the restaurants locally who wanted to help feed the first-line responders because they were working so many hours, so much back-to-back. They didn't have time to take breaks. So the restaurants started showing up with food. Then we had people who were homebound but wanted to help. So for them, we asked—we invited them to record a video message on their phone and send it to me. And those messages got played throughout the hospital.

We had community groups who decided to do their own drives for comfort care items for the first responders, the medical team who needed things like basic necessities that you would normally stop through the course of your day to do. Like get a pack of gum or find tissues or lifesavers or chapstick or socks even.

So these were all things we had a running list of, that the medical staff said, If anybody wants something to donate to us, here's what we need. So we published that as well. And those items started showing up.

Then we had a request for iPads. Because by using more telemedicine, it actually reduced the amount of exposure that the medical teams would have to the patients. They could communicate with the iPads and see each other through the glass but not have to be exposed in front of each other.

So we had a request—we were looking for about 230 iPads. We ended up with roughly 435. Two different companies gave us donations of two hundred each. And then there were others who just showed up with individuals. So we had a wide variety of ways to donate.

We also mobilized the Stony Brook Stitchers. That's a long-standing group of community stitchers that would make blankets for newborn babies and for people who needed them in the hospital. They pivoted and started making masks.

So there were so many touch points. And the people who would call me, they would express what they had going on. I listened to many, many sad stories of people who were ill, or just lost somebody, or saw a story on the TV about a nurse who was upset about what was going on in her ward.

So they felt desperate to donate. They needed to be a part of something positive, and we gave them that outlet and we collected—when we were done, we collected about a million pieces of PPE.

We collected over thirty-three thousand comfort care items. We had over eighteen thousand meals delivered. We had close to six hundred video messages of support, which I'm still getting. And, of course, 435 iPads. So it was a monumental task, getting the materials here.

But the community showed up in such a big way. And they understood that the medical teams taking care of them were vital to their own health. So they wanted to help. It was a fascinating, absolutely fascinating experience.

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CK: And you had talked about the need for social distancing. In terms of the logistics of all this, how did you wind up handling this massive material coming through?

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JD: So nobody does a Herculean effort like this alone. I had a team of seven people that were helping me.

I would field the calls and I had verticals —I called them verticals. I had people who were designated for specific things. So if someone called and said, “I want to donate an iPad,” there was a specific volunteer team member that I gave that to. I was able to have people from other offices reassigned to help me with answering these calls. They were literally coming in around the clock, straight through. Saturday, Sunday—it didn't matter. People were calling around the clock for roughly seven weeks.

And some of course were in Chinese, and I had to get translators as well. So we were the front end of talking to the donors, finding out how they wanted to help.

The next phase of that was to physically get the materials to the campus. So there was Colby Rowe. Colby Rowe was managing the Wang Center site. The Wang Center became the designated drop off point. It was easy access on and off the campus. It's straight off of Nicolls road.

You come up to the light, pulled right into the parking lot, somebody met you at the door and took the donation. Everybody wore masks. Everybody kept distance.

Colby kept a running catalog. He inventoried everything that came in and, depending upon where it was, he was in communication with the hospital departments on where things needed to go next.

And at the same time, since the restaurants were doing their own drives for food, they would do fundraising in the community and then deliver the food.

For them, I found a service called a meal train which I had never used before, but it's a scheduling platform so that people would know, okay, three dinners are showing up on this date—maybe I'll deliver mine the next day. So it was a calendar of predictable, deliverable food. So the staff would know when more food was coming.

All of these things, we were feeling them out as we were going along. You know, none of us had ever had this experience. I certainly have never managed anything this large before, and we were finding it out as we went along. So Colby had a team managing in the Wang Center. We had contacts over in the hospital, in procurement, and in the food service. And then we had the donation response team who took all the phone calls. And there were hundreds and hundreds of—we had, I think, about two thousand phone calls. So it was a large team effort.

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CK: And where were you working out of during all this?

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JD: I was remote. So I was home the whole time. Once March 13 came, I started working remotely and my phone lines were forwarded to my cell phone, which then I

would, you know, be able to answer the calls. And 90 percent of the other people on my team were working remotely.

Most of the people on Colby's team came into the office, so they were at the Wang Center. We had several people from the hospital reassigned to help Colby with that.

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CK: And were there any particular issues in getting the international shipments through?

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JD: Well, they were certainly slower. There were times when the—I think there were a set of alumni who donated. There were parents of students who are here now who donated. It was slower getting product out of China, and it was slower getting it through JFK [John F. Kennedy airport]. So some deliveries where we were expecting them today—they didn't show up for another two weeks. But they all eventually got to us. Everything that was shipped did make it to us, which I'm very impressed with

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CK: And what were you most worried about?

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JD: Burnout. Fatigue. I don't think I slept the first six or seven weeks I did this around the clock.

There was no downtime, and I know that by the time it started slowing down—week seven to eight—it started slowing down.

It was my first time to actually take a look around and see what was going on. We were—we were busy. We really weren't keeping track of what was happening around us. We had a mission in front of us, and we were really focused on that mission. So I tried to stay on the positive end of things as much as I could. But the emotional toll was a lot.

The toll on my family was a lot. My son is in high school and his school, his classes went remote and he did not like it. It didn't agree with him. It's not his learning style, and I didn't realize how much he was struggling. I think people—the folks who were working

in the Wang Center got burned out. So it was—it was something we were all pushing through because we knew how important it was for us to keep going.

When it was done, it was a moment to stop and breathe, and I think it took me a couple of weeks to really start to unwind.

While all this was going on, there were so many positive touch points. I will say we pulled together an event for Easter that was probably the highlight, to me, of the entire campaign.

Since nobody was actually going into stores and shopping for Easter goodies, I started seeing an uptick in companies who had Easter items that they didn't know what to do with. So they decided to donate them. I had a local nursery who gave us a thousand plants, potted plants. Hyacinth and tulips.

I had a call from the Godiva Shop in Smith Haven Mall. They gave us all of the Easter candy that was in the Godiva Shop. We had a call from the Walt Whitman Mall, who gave us about, I don't know, eleven or twelve thousand lollipops and thousands of Easter eggs.

We had a CVS who donated chocolate bunnies. The Sayville Chamber of Commerce donated thousands of empty eggs that were, you know, the little plastic bags that had candy on the inside.

And this all happened within twenty-four hours. This was on Good Friday. Within twenty-four hours, I was able to mobilize volunteers, tables, and bring the donations over to the entrance to the hospital. And we sent out a message through the internal communication channels that said, if you didn't get to shop for your family for Easter, come outside. We have something for you.

So anybody who came out, we handed them a bag, and they went down the line and picked whatever they wanted. Jelly beans, coloring books, plants; it didn't matter. Whatever they needed. And I had a young woman who came over to me and she was crying. And she said to me, “You know, I live with my mother. She can't drive and she watches my son so I could work and I haven’t been able to buy anything for him. And now he's going to get something.”

A moment like that, it made it all worthwhile.

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CK: Had you worked with the the hospital much in your usual activities or—

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JD: Not so much. I do have—there's a community relations officer also for the hospital, who was part of the response team for a couple of weeks. She had other urgent matters that she was handling as well. So I have some exposure to working with the hospital but mainly my area focus is the main campus and Southampton.

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CK: You mentioned the fear of burnout. Were there ways that you found to deal with the stress? Or to keep yourself motivated?

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JD: I think the way I kept motivated was knowing that every time we got something donated, somebody was going to benefit from it. Something positive was going to come from it. These poor people were telling me these horrible stories because they knew they needed to do something positive. So we were basically taking their pain and their anxiety and their fear and channeling it into something very helpful and positive. And I think that's part of what kept me going.

Watching the numbers go up—the numbers of emails and donations and phone calls and people who were just excited to know they took a step in the positive direction—all of that together really kept me going.

And my family, I have to say. My family was very proud of me, which was very sweet. I do appreciate that. My husband was a tremendous support.

You know, even though my son wasn't happy with what he had going on, he was a big supporter of what I was doing. The phone kept ringing, you know. They kept laughing—the phone didn't stop ringing. So it became kind of a running joke: mom's phone's ringing again; mom’s phone’s ringing again.

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CK: Can you say a little more just about the routines you found yourself adapting in home isolation—just how that played out?

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JD: Well, I did set up space in my den to be my office. And I found that the calls were coming in so fast that it was easier for me to let them leave messages and then write them down and then categorize them on who would be best to talk to—whoever the person, the donor, was.

Some people—if I didn't answer their call fast enough, they would hang up and redial. And then hang up and redial. So that was compounding the number of times I had to keep reaching for the phone. So I found that letting it go to voicemail when I had too many other things popping at the same time was the easiest and most accurate way of making sure those donors were contacted.

In the beginning, when it first launched, I was having conversations with people. They were really getting into detail about what they were hearing on the news and what they were seeing. And I think some of them were really hopeful that since they were calling somebody who was part of the campus community, that we had insights into what was happening.

But that wasn't my role, and I would not give medical advice or anything like that. So, you know, those conversations—I started getting a little bit more targeted in how I was answering the calls. When they were coming in twenty-five at a clip, I needed to move through them quickly.

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CK: And out of all this, what’s maybe one of the most unexpected collaborations or connections you found coming in?

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JD: Um, I have to say I was impressed with our students. The students, even though, you know—in the beginning of all this, people were saying that it's targeting older people. People in nursing homes or people who have autoimmune diseases, things like that. And there was concern that the students would actually be carriers.

But the students on our campus rallied. And they went out in the community, and they got donations. And clubs got together and got donations. And they did not walk away from the issue. They hit it head on. And I was very impressed with that. I knew our

students were heavily engaged but this was another level. I was very surprised at the length some students went to get more help.

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CK: More help for themselves or to provide more help?

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JD: To provide more help. We had a couple of students who went back to their high school. They're from Long Island—they went back to their high school and said, Do you have anything you could donate? And they got the school to open up and give PPE, gloves, whatever they had. And that got them excited. And then they went to other school districts and did the same thing. And then drove around to the school districts collecting the materials. So that's above and beyond to me. That was impressive.

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CK: Sure. And now that we've moved, you know, another full semester into this—how did you or your activities change, moving into the fall?

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JD: Well, through the summer into the fall, I was assigned onto a couple of the return-to-work committees. So we were looking at what's the current climate, what do we need to do to bring people back to campus safely. How do we make the proper changes on campus that are necessary to make it, you know, easy to know you need to social distance? How do we put in hand washing stations? Where do the hand sanitizers go?

All of those things that had to be put in place for the fall semester to start, were discussed over the summer.

And the committee's that we were on—I sat on a few of them—we discussed a lot of scenarios. And I think that's part of the reason why Stony Brook was the only SUNY school to open again and stay open through our target date of Thanksgiving. We're the only school that made it through. If you remember early on, Oneonta was open and closed in two weeks.

We were fortunate that our leadership team here was very skilled and knew how to mobilize the campus communities so that the discussions could be fruitful and people

could come up with ways of—different plans. If the numbers hit a certain point, it would trigger this plan. Or if a certain thing happened—you know, what do you do if a student tests positive? Okay, we have a plan for that.

And what do you do if there's another outbreak? Okay, we have a plan for that too. So the fact was, we spent a lot of time sharing information. There was a lot of communication. And a lot of discussion on, what if? That really helped this campus move quickly. As the landscape kept changing, we were able to move quickly into what would be best for this campus and this community.

It was very impressive. The leadership team, the emergency management—Larry Zacarese, Judy Greiman, Carol Gomes—the people who were at the helm of this really managed an incredible feat: getting all of this information together from all of these working groups and committees so that the campus did stay safe. And it worked.

As you know, Dr. Birx was here to applaud us and say how impressed she was. This campus did it right. And that was huge.

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CK: Looking back, was there anything you thought was going to be a bigger problem than it turned out to be?

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JD: I don't remember anything specific. I do remember when we hit about week four or five in the spring. I do remember getting the sense of feeling that this is endless.

When we first started the donations, nobody knew what to expect. We had never seen anything like this before. There was no script for it. So there was this sense that we'll work on this for a week or two and, you know, we'll be good.

But that didn't happen, and it kept going. Now here we are in December, and we're still talking about the same things. How do we keep people safe? Are people wearing masks? Will they social distance?

I think the thing that concerned me the most was that people were not immediately buying into the idea of wearing a mask. I don't think they fully appreciated or understood what that meant.

That was a—

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CK: (talking at the same time) And —

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JD: Yeah.

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CK: Sure. And just looking back—in case I haven't asked you specifically anything—what else would you like people to know about this time and what you experienced of it?

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JD: What I would like people to know is that the campus is part of the community. We live locally. We go to the shops. We eat in the restaurants. We are the community and that connection between the town and the gown, as we like to call it, is very strong here. Stronger than I think people realized. The community showed up for us in a big way.

They understood that we were partners and how we were moving forward. That was huge. This is a very large research university in the middle of a private, single-family home community. And when you leave the campus here, it's very different than if you were at Penn State or someplace else that has a town around it that is the college/campus extension.

Here we have lots of different communities around us and they all responded. They all understood that they were playing a role in what was happening next. And I was very impressed with that.

I'm glad that they understood what Stony Brook brings to the area and how important and how vital this institution is to the health of Long Island and its people.

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CK:Well Joan, thank you for all that work and for your time today. We appreciate you contributing this interview to the archive project. Thank you.

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JD:Thank you for letting me share that.

[end of interview]