FCON COVID-19 Deployment
Oral History Interview
CAPT Matthew Pitts

FCON History Committee
FDA History Office
Collaborative Oral History Project
Edited Transcript
Date of Interview: June 10, 2021

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Oral History Abstract

In this interview, CAPT Matthew Pitts discusses his deployment as a Public Health Service officer in the USPHS Commissioned Corps in response to the COVID-19 public health emergency. He currently works for the FDA Office of State Cooperative Programs as a Milk Specialist. CAPT Pitts was deployed previously to Katrina and Super Storm Sandy. In April 2020, he served as a Safety Officer for a Community Based Testing Facility (CBTF) in Baytown, Texas. He provided oversight at the testing facility to ensure all site personnel received correct PPE and followed proper COVID safety protocols.

Keywords

Commissioned Corps; Community Based Testing Facility (CBTF); COVID-19; deployment; Hurricane Katrina; Personal Protective Equipment (PPE); Nasal Swabs; Safety Officer; testing; US Public Health Service

Citation Instructions

This interview should be cited as follows:

"Captain Matthew Pitts Oral History Interview", History Office and FCON Historical Committee, U.S. Food and Drug Administration, Department of Health and Human Services, June 10, 2021.

Glossary

510(k)	Section of the Federal Food, Drug, and Cosmetic Act establishing a premarket notification requirement for medical devices that can demonstrate substantial equivalence to approved products
ACA	Affordable Care Act
ACF	Administration for Children and Families
ACS	Alternative Care Site
AEG	Agency Executive Group
AMSUS	Association of Military Surgeons of the United States
ASPR	Assistant Secretary for Preparedness and Response
ASPR TRACIE	Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, and Information Exchange
BARDA	Biomedical Advanced Research and Development Authority
BOP	Bureau of Prisons
BSL Lab	Biological Safety Levels Laboratory
CAP Team	Capital Area Team, U.S. Public Health Service
CAPT	Captain, U.S. Public Health Service (O-6)
CBER	Center for Biologics Evaluation and Research, FDA
CBP	Customs and Border Protection Agency
CBTS	Community-Based Testing Site
CCHQ	Commissioned Corps Headquarters
CDC	Centers for Disease Control and Prevention
CDER	Center for Drug Evaluation and Research, FDA
CDR	Commander, U.S. Public Health Service (O-5)
CDRH	Center for Devices and Radiological Health, FDA
CFSAN	Center for Food Safety and Applied Nutrition, FDA
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid Services
CONOPS	Concept of Operations
CPR	Cardiopulmonary Resuscitation
CRAFT	COVID-19 Response Assistance Field Team
CTP	Center for Tobacco Products, FDA
CVM	Center for Veterinary Medicine, FDA
DART	Disaster Assistance Response Team
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DOD	Department of Defense
ECMO	Extracorporeal Membrane Oxygenation cardiovascular life support device
EHO	Environmental Health Officer
EMS	Emergency Medical Services
ER	Emergency Room
ESF	Emergency Support Function, FEMA
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency

FMS	Federal Medical Shelter, FEMA
FOIA	Freedom of Information Act
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIS	Indian Health Services Agency
HRSA	Health Resources and Services Administration
HSIN	Homeland Security Information Network
HSO	Health and Safety Officer
HVAC	Heating, Ventilation and Air Conditioning
ICS	Incident Command System
ICU	Intensive Care Unit
IMG	Incident Management Group
IMT	Incident Management Team
JIC	Joint Information Center
LCDR	Lieutenant Commander, U.S. Public Health Service (O-4)
LT	Lieutenant, U.S. Public Health Service (O-3)
MCAS	Marine Corps Air Station
MD	Medical Doctor
MMU	Monrovia Medical Unit (Liberia Ebola Response)
N95	Particulate filtering facepiece respirator, NIOSH rated "not-resistant to oil" filtering 95% of airborne particles
NCTR	National Center for Toxicological Research, FDA
NDMS	National Disaster Management System
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health
NIST	National Institute of Standards and Technology
NP	Nurse Practitioner
NPI	National Provider Number
OASH	Office of the Assistant Secretary for Health
OC	Office of the Commissioner, FDA
OFDA	Office of U.S. Foreign Disaster Assistance
OLS	Office of Laboratory Safety, FDA
OMB	Office of Management and Budget
OPDIV	Operating Division
OPM	Office of Personnel Management
ORA	Office of Regulatory Affairs, FDA
OSHA	Occupational Safety and Health Administration
PA	Physician Assistant
PAPR	Powered Air Purifying Respirator
PCR	Polymerase Chain Reaction (test)
PHS	Public Health Service
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
RDF	Rapid Deployment Force
RedDOG	Readiness and Deployment Operations Group

RIST	Rapid Incident Support Team, U.S. Public Health Service
RN	Registered Nurse
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SAMSHA	Substance Abuse and Mental Health Services Administration
SAT	Service Access Team/s, U.S. Public Health Service
Sitrep	Situation Reports
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOC	Security Operations Center
SOFR	Safety Officer
SOP	Standard Operating Procedure
TAT	Technical Assistance Team
TDY	Temporary Duty Assignment
TPN	Total Parenteral Nutrition
USACE	Army Corps of Engineers
VA	Veterans Administration

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Interview Transcript

VB: This interview is a contribution to the FDA Commissioned Officers Network and the FDA History Officers, collaborative effort to document the experiences of PHS Officers who deployed for the COVID 19 emergency. Today is June 10th, 2021. I am Vanessa Burrows from the FDA History Office.

JS: This is John Swann, also from the FDA History Office.

VB: We're joined by Lieutenant Commander [Oumou] Barry. Will you introduce yourself?

OB: Yes, ma'am. I am currently serving as the chair of FCON representing FCON today.

VB: Thank you. Today we are going to be speaking with Captain Matthew Pitts. Captain Pitts would you please introduce yourself and tell us your rank, your position at FDA and any information about past government positions that you've held that you think are relevant to mention?

MP: Sure, I'm Captain Matthew Pitts. I currently work for FDA Office of State Cooperative Programs where I'm a Milk Specialist. I've deployed before, and been on active duty in U.S. Army and United States Coast Guard and was deployed to Katrina and Super Storm Sandy and to a community-based testing site in Baytown, Texas.

VB: Great, Thank you so much Captain.

JS: How long have you been in the FDA?

MP: In the FDA? I've been here for 17 years.

JS: Thank you.

VB: Without going into any great detail at this point, just to establish on the record, could you tell us about your deployment for the COVID-19 response? Just very generally where you were deployed to and the approximate dates of your deployment and the role that you played?

MP: Sure. I was deployed to Baytown, Texas, which is just outside Houston on April 10th, 2020, and returned May 1st, 2020, where I was the Safety Officer for the Baytown community-based testing site.

VB: Thank you. As we delve deeper into your deployment, I'd like to go back to last spring and start with how you were first notified that you're going to be deployed. What you were told at that time about what you were going to be doing, and if you had any insight into how your assignment was determined and just your feelings about going on the deployment at that point in time, and at that point during the pandemic.

MP: Sure. There was not really great communication from headquarters, so I pretty much got a call on the 8th of April saying that I would be deploying in two days. And the only thing that

came through was my flight itinerary. I had no hotel itinerary, I didn't know where I was going after that. I knew I had to get a rental car, I was approved for a rental car. I Didn't know who my team was. I didn't know exactly what town I was going to, I just knew I was flying into the airport down in Texas. It's not Bush, It's the other one.

JS: Hobby, I think Hobby.

MP: Hobby, yes, you are correct, and I would get further instruction when I landed. I Didn't know my role, none of it, so we just make the best of the situation and move on.

VB: So, at what point upon landing in Houston, did you find out what you were going to be doing?

MP: When I got to the airport to fly out of Columbus, Ohio, I saw that there was someone's name attached to one of my emails with my orders, so I contacted that person and asked, I think it was Captain Peat, and asked her what I needed to do and she said, "Hey, this is the hotel we're staying at, so call them." And she would email me who was going to be on my team to replace her team. She was at the Baytown site. So, I did that, and I found out through her email that Captain Sam Wu, and Commander Cindy Flacks were going to be on my team.

I emailed them and asked them what their plans were, and I heard nothing back, so I picked up the rental car and went to the hotel. And then I finally heard from them later on probably two, three hours later after they landed and said, "Hey, where are you at?" I said, "I'm

at the hotel." They said, "Okay, that's fine. We'll take an Uber." And we'd meet up [at the hotel and we would] go out to the site.

VB: I assume you didn't get to visit the site until the next day?

MP: No, we went out that night. We went out at six o'clock.

VB: And did you get a chance to meet up in person with Captain Peat?

MP: Yes, we met with her and her team briefly because they were getting ready to leave. We got a quick walk around of the facility, and then we returned back to our hotel rooms and we started the next day as they were getting ready to leave.

JS: What was that like transitioning, for people who don't know – handing off the duties from one team to the next. What's the process that you guys use to do that?

MP: You have something in your mind that you want to relay to the person that's coming on to take your place. And a lot of people aren't used to being a Safety Officer for one. On a deployment like this nothing's really defined so you really have to go on your past experiences.

If you've ever been a safety officer before through ICS (Incident Command System) you start pulling out books and manuals on your computer to see what your duties and roles are supposed to be. Other than that, you get a briefing [from the outgoing team], I can't remember

the person who briefed me, but she said, “We basically walk around the site, making sure there are no slips, trips or falls.” Basic safety officer duties, but it's a little nervous time.

JS: I could imagine in a deployment like this, where we're so rapidly changing and new information is coming down, especially last spring. It seems like the definition of an evolving situation. There already some effort to stand up the community-based testing site. How far along was it and how much more work was there to do at the time that you arrived? What was the situation?

MP: For at least three weeks they'd already been seeing patients come through. So, we didn't have to really set up anything more other than when the CONOPS changed, which was our first day. We went from the nasal pharyngeal swabs to the self-swabs. Just at the rim of the nose versus the really long ones that went down the back of your throat, [which made our jobs easier] so that was really nice. But you had to have new safety protocol for that, so I spent a lot of time trying to devise an easier way to keep all of the people that I was overseeing as the safety officer to keep them as safe as possible. –

JS: To follow up what you just said Captain, so comparing these two techniques, what sort of safety concerns would occur that would need to be addressed in terms of the different ways these are collected. They are obviously very different techniques, so what would be on the mind of a safety officer in this change?

MP: The biggest thing for me was to try and keep the distancing, the six feet distancing or more because with the nasal pharyngeal the actual healthcare provider, the nurse that we had would have to take the swab. You really couldn't do that by yourself. They'd have to reach in full PPE, tilt the head back and then swab. So now we've changed from actually like a screening part where you get information.

I guess it would help if we, if you had a visual of how it was set up, but you would come into the entrance, group area one would be police officers that would tell you if you had an appointment or not. Then they would wave you through to the next area where the nasal pharyngeal check – that's not even where it started there. In station two, we had some admin people that would get a temperature, make sure that your appointment was the right number, that you were who you say you were with your ID. Then you went through a history on a check sheet, and then you went to station three and that's where the actual swabbing was being done, where the nurses were.

So, my whole thing was in station two. I didn't want them to even roll down their windows anymore. I didn't want them to get any paperwork. I didn't want them to pass any paperwork. I wanted that to be a completely clean area versus a hot zone where they'd have to take off all their PPE, at the end of the day and it go into hazardous waste. I wanted to make that so that nobody could have any type of contamination and that's what we did out there.

And then they went on to station three and that was still considered a hot zone, even though we stayed far away and didn't come into contact with people at least less than six feet away, but we still wore PPE at the site at all times.

VB: So, as you were developing this new protocol, did you say a day into the deployment?

MP: Yes, it was a day in.

JS: You go from not knowing anything about what your role is going to be to being fully immersed in a brand-new program. I imagine that this transition was happening at community-based testing sites across the country, did you have an opportunity or a need to communicate with other Safety Officers to find out how they were innovating new protocols?

MP: Not for a couple of days. The new CONOPS came out the day after, so that helped quite a bit but they're pretty vague because they're not all set up the same way. So, you have to just cut and paste and adapt what you can and make it fit your mold where you're at. After a couple days, you're really running around just surveying and watching, making sure that nobody's fallen back into the old-style way of doing things.

You're just talking to the people that are working in these positions all the time. "Hey, what makes your job easier? What do you feel afraid of out here? Does anything make you nervous? How can we make this better?" So, it's a lot of communication, especially with the [front line employees] that are involved, for 10 or 12 straight hours at these sites, but it's a lot of listening and drawing on past experiences. Like I said, I was in the Coast Guard before where I was a Safety Officer. There's a lot of things that are out there that can help with past experiences and the CONOPS were well written. It's just I didn't get them right away. Then three or four days later you're calling other Safety Officers or emailing them saying, "Hey, how are you doing this?" And "What can we do to make this better?" But it's happening so fast, even though it's a long day, it's always happening so quickly that you don't want to miss anything that anyone's

doing. So, you're really just scrambling around walking from station to station to make sure everyone's okay.

VB: I would love to hear, in terms of drawing on past experiences in order to respond to the task at hand, some examples you have of some your personal experiences that really respond in this particular.

MP: Sure. Through ICS, you learn all the time, you gotta have site safety, so we had that right away. We had the Harris County Sheriffs out there, 20-30 of them at a time, so we had plenty of security. So, you feel safe and then you start going through – I used to respond to oil spills in the Coast Guard. Whenever you'd go out to one of those – site assessment, and then you just start assessing everything you need environmental impact. I need safety for all my personnel. There are checklists you go through in your head or you pull them up on the website for the Coast Guards, ICS. They have Safety Officer details in there on what their job is, and you can pull that up and look and make it fit your situation.

You just start looking at every individual part of it. Does this fit? Yes. If not, no. You just move it aside. And so that's why I ended up talking to all the people that were working on site. We had a lot of people from the Harris County Health Department there, a lot of nurses were hired through the Harris County Health Department. And I had a couple of Safety Officers that were Harris County Health Department employees as well.

VB: It's great that you had so much local support and I'm sure it made you feel safer, but also, it inspires confidence when you have that much support behind you. This was a really uncertain

and scary time in the pandemic when most of the country had been home for a couple of weeks on telework or just quarantine. What was the atmosphere like for the employees, and for the people who are staffing the site, but also for the patients that were coming to be tested? Was there anxiety, was there fear? What was it like at that time?

MP: At first the people that we had coming in were first responders and law enforcement. They just wanted to come and get the test and make sure they didn't have it or had to get cleared to go to work, whatever it was. So, we didn't have a lot of people that were that nervous or upset.

We had one guy that was on some foreign substance, and you could see him just twitching in his car. We got his ID, and he was playing his music really loud, his windows were up, but you could hear his car shaking. And then he left to go to the last area that I called station three, where he was going to swab his own nose and everything. I had to see what was going on, so I followed him from Station two to Station three. I walked over there while he drove through and he was really agitated and irritated he started driving away so we were done with him, but there's a little exit way and he stops and he gets out of the car and he starts swearing at the police officers, saying all kinds of bad things to them. So, there's eight policemen running past me to go talk to him and he jumped in his car and drives off.

JS: They didn't try to do a field sobriety test or something on him?

MP: They didn't catch him, they said, “Just let him go, if he does have COVID, we don't want to get it.” He didn't really do anything but disrupt us so just let it go.” But yeah, that was exciting at the moment. And you're like, “Wow, what's going on here? What's this guy doing?” Cause

everyone else is just following the procedure, they're nervous in their car, not wanting to mess anything up. So yeah, we'd give them instructions and they'd follow them, and everyone, for the most part, paid attention to the details and to our instruction, which was great, very cooperative.

VB: You weren't there long enough before this transition and protocol, but did it vastly expand? How many people were able to be tested per day?

MP: I think we went from 100-125. And then by the end of it, we were up to at least 250-300 a day. So, we doubled or tripled how many could go through and people didn't know either, it wasn't broadcast all over the place. "Hey, go down to Baytown free testing." For some reason, the word wasn't getting out. The only place that I ever found it because I would search, was on the Harris County Health Department website. And then you'd go in there and you'd try and make an appointment, but we were taking anyone, we were telling them "Hey, not enough people are signing up, tell people they can just come out here."

VB: Why do you think it was that there wasn't a lot of broadcasting about the testing center. Were there other testing centers that were filling the need or that got plugged first or did it have something to do with the location?

MP: When we were there the mayor of Houston – Houston had a couple of testing sites. The mayor would actually get on there and say, "Hey, we've got this site open, and this site open here in Houston, so come on down." And because Baytown is a suburb it didn't get pushed a lot. I didn't hear anything at all for it other than on the website.

VB: So, what was the community like? Oh, go ahead John.

JS: I was just going to ask, is Baytown down the Gulf Freeway somewhat? Or is it the other direction? It's South?

MP: I believe it's south and east of Houston.

JS: Yeah, I'm wondering if you might have gotten folks from some of the towns along that way more, like Galveston and some of the other towns farther away, but that was probably the closest mass testing site. You didn't have that many in that part of the state, did you, at that time? Just a couple?

MP: That we stood up, there were a few in the Houston area, I think there was four.

JS: Okay.

VB: Did you have a sense of where the patients that were coming from to test at the Baytown facility, were they all Baytown locals or were they coming from far out?

[00:19:52]

MP: You had to be from the Harris County area because that's how they got into that county website. and I think they got some kind of number I'm not sure on exactly how. I'm pretty sure they had to be a Harris County resident when we started taking in just general population. So, you had to sign up and I think and give them your address. And then they'd come out and they'd show us their license and who they were, and we pulled them up on an iPad and all their information would be populated in.

JS: They didn't have to produce like social security numbers or anything like that?

MP: No, just the address.

JS: Okay.

MP: Photo ID. They would just hold it up to the window and we'd go up and look at it, type their name in, and their name would pop up and then have their address on there. And we saw that they registered, and they could go on through.

VB: I'm maybe speaking from ignorance and asking you this, but at this point, April to May of 2020 were people in the Houston area masking? What kind of mitigation strategies were they using?

MP: Almost none. Nobody was wearing a mask. We needed groceries, so we'd go to Kroger, I'd say 75% weren't wearing a mask yet. We were, but they weren't.

VB: Do you think they were skeptical of the severity of the pandemic or was it just the local mores about masks - not to get into the politics of that.

MP: I don't want to get into the politics of that, I have no idea what they were thinking.

VB: Fair enough.

JS: Did the citizens look at those of you who were masked up quizzically? What on earth are you doing?

MP: They all knew what was going on so don't think that they were upset with us or anything like that. They just thought maybe we were cautious. If they weren't wearing one, then maybe we were overly cautious. It was personal preference at the time. There were no mandates in place, so people just were like, "If it's not required…" That's the only thing I can think of. If there's no order to wear a mask, I don't know that people are just going to say "Yeah, this sounds pretty bad, I better wear it."

VB: Understood. I am just trying to understand that point in time.

MP: And it was so early Vanessa that we just didn't know enough then. We heard the shock and awe of it, and people are dying, but it's like the flu, so people are like people die all the time from the flu, I think is what the rationale was. So, they weren't really buying it yet.

VB: It's really one of the things that this project is helping, at least for me, I'll speak personally, to bring to light is looking at these experiences across the country and how, even though our entire country the entire world has been impacted by this, there's still such local manifestations of how people reacted and how communities were affected. And in this instance, Baytown is a couple miles away from Houston and there's less promotion of the testing sites than of other testing sites in the area. Just interesting to learn about the different expressions of how the pandemic played out.

Returning to your experience in the community-based testing site when you started shifting towards the general population. I guess I should ask, at what point during your deployment did you shift towards the general population being admitted?

MP: I think it was about 10 days maybe or a week into our deployment. You could still make an appointment with the general population. It's just, they were really pushing for all of the Harris County Sheriffs and people that worked at the jail and first responders I think were told they had to go get tested before returning to work.

VB: As the general population started coming in, like you said before that there wasn't, except for this one particularly interesting fellow, there wasn't a lot of anxiety or concerned behavior from the patients visiting the site. Among the general population, did you notice a shift? What motivated them to come in for testing?

MP: We didn't really get a chance to – we didn't sit and talk to these people for safety reasons alone. And they all wore their masks when they drove in, just about, so there wasn't a lot of talking back and forth. They just wanted to come in and, get swab, get tested, and then get the results, I think it was so they could go back to work.

VB: Makes sense.

MP: If they had to deal with the public, I'm pretty sure their employers were telling them, "Hey, you guys need to go get tested." We had a few that didn't read the website and we had guys coming in on motorcycles and we were like, "No, you gotta be in a car." and people in a Winnebago, one tried to come in and Winnebago it's "No, you won't fit." One in semi-truck. Told him the same thing. "No, you can't make it through here."

VB: When you had to turn people away, did they seem to understand that it was for public health reasons and –

MP: Yeah, they were good about it. The people that came in, they were all really courteous and nervous. They just wanted some direction from us, "Hey, how long will this take?" But we'd hand out an information sheet, and it would tell them, who to call or email to get your results. We spelled it all out for them.

VB: So, at that point, how long did it generally take to get results?

MP: I want to say on average three days. The tests were new and then they had newer tests that came out too. So, there were a couple of different places to go. I think the hard part was the labs, where we had to send it to, they just got inundated with tens of thousands of samples all of a sudden and I'm sure they didn't have the manpower to keep up. I think that it actually went on, it went longer to five days. Once we really started up and sent in 300-400 samples a day.

JS: Were these County Public Health labs or some other private –

MP: No, it was another, it was they were the manufacturer's labs I believe like Quest. So there, there weren't many places you could send them to get results. I'm pretty sure that all of our ours went to Quest. [Commander Flax], she was our lab person who had 15 years doing lab work, so she handled all of it perfectly, thank goodness, cause if that had been my job I'd have been in trouble.

VB: Can we ask you to tell us a little bit more about your team? The Corps members and your main points of contact and the PHS officers and what OPDIVs they are stationed at for their normal tour of duty. Also, any of the other Federal officials that may have been there or the local officials that you interacted with daily.

MP: So, the three us, Captain [Sam Wu], he's a pharmacist, I think he's out of headquarters CCHQ, I'm not sure, he might be in the Offices of the Surgeon General . And then Commander [Cindy Flax]. She's through the Center of Medicaid and Medicare, she's lab procedure expert personnel. The three of us would meet at 7:30am every morning. We'd go through a briefing on

what we wanted to discuss at our staff meeting with all the other heads of the Health Department personnel. We'd go through that for a half hour or so then go out to the site, and then we'd have our general staff meeting. I don't remember the people's names, it was quite a while ago, we'd have an Ops Section Chief and a Logistics Section Chief, Security, On-scene Coordinator, and that was Sam was the Federal Officer in Charge. He had a counterpart through the Health Department. And then there was another Safety Officer that was there representing the Health Department, and that was pretty much it for our staff meetings.

I tried to teach the new safety officers, because they've never seen anything like this before, everything that we needed to go over for the day. They were just green, they didn't know what they were supposed to be doing yet, so I'd go through it with them. You gotta tell people, "It's, Houston, we gotta stay hydrated, it's going to be hot today." Or "thunderstorms in the area, so if you hear the horn blow, you gotta get to shelter." I would go through this kind of stuff with them every day, making sure that they understood it.

I gave the first few safety briefings to all of our members that worked at the site. Then I had them take over and start giving the daily safety brief and they were great. They're really smart people. So, it went over really well so that they could actually help the next people that came through that were PHS officers. We would have a general staff, and then right after that, we would have a general meeting with everyone that worked at the site, and then we'd go to work. We'd go stand by our stations and start letting cars through.

VB: It sounds like you had a pretty consistent, solid team that you worked with throughout the deployment. Is that fair to say?

MP: Yes, these were really great people. [Captain Wu] did a great job. He had never been the Officer in Charge before, and I had been at other deployments, so I just talked to him, and he was just like, “Okay, we'll just take this easy.” I said, “Look, one day at a time here. We don't get excited. You're fine. If You have other calls you gotta make [please go and make them].” So, he'd talk to other Officers in Charge at other sites. They'd go over what they'd do during the day. I said, “I'll handle everything else out here with safety, don't worry about it. and if something comes up, [Cindy] and I will come to you.” So yeah, he learned a lot right away. And he was so patient with everyone. I can't say enough good things about him. He's just a great person.

VB: That's so wonderful to hear. It sounds like a lot of the impact you were able to make and the efficiency with which you're able to operate is just really enhanced by having a strong team and strong relationships. So that's great to hear about.

MP: The dynamic of everyone on the general staff is really how you get everything done with communication between all the different divisions. And then you go out and you implement, you have to have the buy-in from everyone. And everybody out there was really understanding. Thank goodness they weren't afraid to go do their job that COVID didn't have a hold of them, and they got terrified. They were just really calm about step-by-step procedures, really quality people.

JS: Was this was this your experience other deployments or other field experience? Is this clearly what COVID presented was unique but I'm sure there are plenty of lessons that you learned from your prior experience that you could apply here, but then perhaps otherwise, maybe

there were elements of COVID that were just so unique, like nothing you'd ever faced before. I wonder if you could compare and contrast your past and experiences with this one and the things you had to deal with.

MP: With COVID I think it brought everyone together because you had to rely on everybody because the fear of the unknown kind of gripped everyone and we said, "Okay guys, we're a team, and we have to do this together." We could get sick, or people could die where maybe in the – and we had really good logistics. We got everything that we needed on time. So, all the support was really good from the Federal side and from the State side and the County side, so we had everything we needed.

You learn a lot from your failures in the past, especially like Katrina. For Katrina we just didn't have the resources there. When I went to the first three days, I didn't have anywhere to sleep other than a cot in the middle of Fort Polk, Louisiana on an air strip in a hanger with a swamp cooler and 50 other people. There was just night and day between these two deployments, and you learn a lot about what you need to have with you and how you can get people to respond to you and motivate and clear communication. I always try and go into these deployments as look I am not in charge. I am just here to help you and you're here to help me. So, if we're all equals here, we can get a lot more done than someone barking orders. I get it, I'm in charge of the safety of this whole site, and if there is something really bad, I can foresee then I will sound off. But until then, we're just going to keep the status quo going here and everything will be fine.

That's what I tried to reiterate through all of our general meetings with everyone is, "Hey, everyone is doing well. Everyone is doing fine. We're doing great work here. Keep it up." A lot comes with age, you just learn to be a little more calm with age.

VB: I guess there's a lot to be said for that. I'm really interested in the comparison you made with hurricane Katrina, because it's such a stark contrast, but also because it was such a major emergency and such a formative experience for the Corps, and you, for good or for bad produced important lessons, for how to respond better respond to emergencies in the future. I was just wondering if you have any other thoughts about what we learned from Katrina or how the lessons from Katrina benefited us in responding to COVID?

MP: Katrina shaped the way the Corps is now. Every one of these deployments that we have, and these disasters that we have, they all bring something new to the table so that we can improve each time. Katrina was the biggest one that it happened in – probably forever for the Corps. It was probably the largest Corps deployment, and they just didn't know what they needed. I guess they didn't know the logistics part and our internal communications weren't very good at the time. FEMA has set it up now where you have a daily check in. I checked in daily on my phone with FEMA saying, "You know what? I don't have any symptoms of COVID. I feel good. I'm still in Baytown and I'm going to work." So, we'd have a check in every morning through FEMA and we didn't have any of that through FEMA before.

Things get put in place so that they can have accountability of their people and where they are, and as the higher ups in the government chain, that's really their job, they gotta make sure that one, their people are safe, two that they have everything they need so they can complete

their mission and three, great communication. FEMA has really stepped up where in Katrina, we didn't really see FEMA. I didn't see FEMA for at least a week, and then they set up a tent city and that's where I stayed at after Katrina. But even when it was an open tent that slept 40 people and we didn't have showers out there for four or five days, so the logistics part is what I think they really caught up on.

And then we have Rapid Deployment Teams. I've been on RDF2 since it started and now, they've gone away. But to deploy with your team is essential too because you know how you've worked together and you know where everyone's going to be, and you know what you're bringing with you as far as logistically your needs. So, all of that's already taken care of. That was another thing they learned from Katrina, nobody went out in teams in Katrina. It was just like this mass, send all these people to this area, but we don't know exactly what we want them to do yet, but we're going to have them wait there and then we'll tell them what to do. Where that changed with super storm Sandy. I was a Liaison Officer, and I asked the Health Department if they needed money for going and doing food inspections, because a lot of them lost power and went under water. As a Liaison Officer I worked between the Health Department and the FDA and that was a lot smoother that way.

VB: Thanks for sharing those insights. It's really useful to get a sort of history lesson on how the different emergencies have impacted the Corps ability to respond. I really appreciate that.

MP: Sure.

VB: I wanted to ask a couple questions about the bridging your role as a PHS officer with your duties as an FDA employee. For starters, how do you prepare to hand off your duties or pause your duties in your FDA life when it's time to deploy, or in particular, in this instance when you deployed Baytown how did you transition out of your FDA role?

[00:39:44]

MP: I really regulate or audit three states for their Milk Programs, Michigan, Ohio, and Kentucky, and I know the heads of the dairy divisions and each one of those. They understand that I'm in the Public Health Service and that I can be called away and deployed. So, when it comes down to something like that, either they know just to put everything on hold for me or if it's an emergency, then they can still get ahold of me. They all have my cell phone number, but it's a cooperative program. It's a unique cooperative program, and I work with these people all the time and they know that a moment's notice and they're like, “Okay, Matt, good luck be safe.”

VB: Did anybody need to call you during the deployment?

MP: Sure, I got many phone calls during the deployment and emails.

VB: Did you have a lot waiting on your desk when you returned home?

MP: We didn't report to the site on Sundays for the deployment, so I pretty much caught up on everything on Sundays. If there was an emergency, then I put out the fires right away on Sundays.

VB: So, when it did come time for your deployment to end, and you needed to transition back to FDA, how did you hand off your deployment duties to the next team? Did you have an opportunity like you did with Captain Peat, did you have an opportunity to download to the new team?

MP: Yes, we had a day and I had already taken notes and written everything out. What I did during a typical day, and I passed that off to the new Safety Officer, and then I walked him around the site, introduced him to everybody, told them this new Safety Officer was going to take my place. I tried to indoctrinate him the best I could, and let people know that he was going to do a great job. Trust him like you trusted me, everything will be fine.

VB: Captain Pitts I don't mean to put you on the spot, but if you still have the notes you prepared and if you're willing to share them, if you don't think it would compromise security in any way, we would love to preserve them as a record of your work during this deployment.

MP: I gave them to that other officer.

VB: Are they handwritten?

MP: No, I think I typed it out and just printed it. I don't think I saved it though. It was just my exit scenario. I don't think that I printed that or saved it. I just printed it and said it's gotta go. It's just my notes, I didn't think there was anything to it, I'll look for it, it might be saved on my computer.

VB: Thank you that I really appreciate that. If you don't have it, no problem. I just thought it couldn't hurt to ask. So, after you had this chance to familiarize the onboarding team with your day to day. How did you prepare to transition back to your normal tour of duty and to your normal life? Did you did you quarantine? Did you get tested? Did you immediately return to work, or did you take a couple days of respite?

MP: I got tested and I did quarantine because of the airplane, it was required at the time for two weeks home office. I didn't take any time off.

VB: What was it like coming back on the airplane?

MP: Empty, there were seven people on the flight on the way out and maybe 14 on the way back. It was wide open and empty.

VB: And the airports too I imagine.

MP: Ghost towns, there was nobody in the airports. That was when they were shutting down airports and not letting everybody in. So, getting through security was really easy.

It wasn't that big of a change for me, like I said, I was in the Army and the Coast Guard before this. This wasn't a year deployment, it was a little over three weeks. Nobody likes to be away from home, but it wasn't a real big transition for me coming home. My go bag is always packed and ready to go.

OB: Vanessa, if you don't mind, I wanted to follow up on the question you had about the lab that did the testing. I was actually deployed at headquarter, I sat as the Contracting Officer representative for most of the CDC site. So, most of the – there were a lot of contracts going on, so my role was to help with the contract modification. I also sat on a lot of the calls with the contractors. Initially most of the contracts were awarded to the CVS ,Walmart, and then went ahead and contracted with LabCorp and Quest to do lot of the lab testing. And then as the program expanded, they also brought in another company called [indiscernible]. They were doing lot of the community site testing, not solely affiliated with CVS and Walmart. So, they also contracted with other lab, but the majority of the testing was done by LabCorp and Quest.

MP: Yeah.

VB: Thank you for adding that information, that's really useful to know.

OB: You're welcome.

VB: I feel like we're coming to the close of the interview and I just wanted to offer Captain Pitts the opportunity if there's any stories that you feel are important to capture or any, final

thoughts you have about the deployment that you'd like to share. And in particular, if there's insights or lessons learned that you think could benefit future officers on future responses? We would really love to hear them well.

MP: Sure. I think I brought this up in a hot wash when we got back and we were able to talk about this, but the biggest thing is you gotta be able to prepare your people for what they're going to do in the field. There should be some type of education or training to be a Safety Officer, not just go put a hat on and say, "Yeah, I'm a Safety Officer." If you don't know what you're doing, I think you could cause more harm than good so training is by far the most essential thing that I would like to see come out of this COVID experience.

There's a lot of lessons and communication's another big one. Communicate with whoever you're on deployment with. You're literally going to be family for the next 30 days. So, get to know each other and rely on each other and always take time for yourself when you're on deployment. If you can get an hour a day just to reflect on what happened that day. What kind of people, how they were reacting in different situations you can learn a lot about people and be able to help them throughout their day if you can just listen to them. Other than that, it was a really good deployment, we had a great mission and I had great people to work with and I'm really glad that it came out – the end result was really positive.

VB: Thank you so much for sharing those insights, and for everything you've shared this afternoon for taking the time to speak with us and to help capture these memories and the important work that the Corps did during this response. And thank you most of all for your service Captain Pitts unless anyone else has anything to say, I'm going to close the recording.

OB: I just want to echo Vanessa, I thank you so much sir for sharing your story. And I also wanted to say that I had a chance to work with the Coast Guard during my second deployment in headquarter. I really enjoyed it, it's one of my best deployments so far is I think the Coast Guard is a very good service. The officers really – it was a different experience. That's all I can say, so I really enjoyed it.

VB: Thank you for including that, I'm going to go ahead and end.

[END OF INTERVIEW]