

Joy Kreskow

Behind The Mask

October 13, 2022

Barr: Good afternoon. Today is October 13, 2022. My name is Gabrielle Barr, and I'm the archivist with the Office of NIH History and Stetten Museum. Today I have the pleasure of speaking with Joy Kreskow. Ms. Kreskow is a family nurse practitioner with the Division of Intramural Research at the National Institute of Nursing Research (NINR). Today she's going to be speaking about how she was involved in NIH's COVID-19 response, as well as about some of her other personal COVID-19 experiences. Thank you very much for being with me.

Kreskow: Sure. My pleasure.

Barr: To begin, will you please briefly speak about your professional experiences as a nurse, and how you feel it equipped you to tackle some of the COVID situations that you have to contend with at NIH?

Kreskow: Oh, good question. I've been a nurse for 30-something years, and then I became a nurse practitioner in 2008, so I have almost 45 years of experience. As a nurse, you are always equipped to be ready for anything. I worked on a medical surgical floor, in neurology and bone marrow transplant, and also did some holistic practices like healing touch, meditation, and yoga. Now I work at NINR working on patients with fatigue. I feel as though I have a lot of experience, but of course, nothing prepared any of us for the pandemic.

Barr: You've worked with all ages and a lot of different kinds of groups throughout your career.

Kreskow: Correct, but mostly 18 and above. Even though I'm a family nurse practitioner, most of my positions were with adults.

Barr: When did you come to NIH?

Kreskow: I came in 1983 as a clinical nurse and left in 1998. Then I did a lot of various jobs on the outside, got my master's to become a nurse practitioner, and then came back. I had the good fortune to get a position with NINR in the beginning of 2017, so now it's been six and a half years back at NIH.

Barr: That's makes it very interesting for you, I'm sure, because you've seen both the academic part at NIH but also the practical "on the floor" side of things.

Kreskow: Correct. Yes.

Barr: Were you particularly interested in fatigue, or was that just the health issue that you were assigned to?

Kreskow: When my position was available to me, I worked in two different institutes working with chronic fatigue syndrome, and also just general fatigue in patients with cancer and various different diseases. Then I split off, and now I'm just with the NINR. Yes, that was all in play and right there for me.

Barr: What made you want to get involved in NIH's COVID response, and how did you go about jumping in and doing so?

Kreskow: We were all kind of taken aback by this whole pandemic. I used to go in five days a week and see either inpatients or outpatients. All of a sudden they told us not to come in. Patients didn't come into the NIH unless they had life threatening illnesses, so I worked from home, which was new. I saw on the news everything that was going on. I believe it was ORS [Office of Research Services] that reached out and said they needed assistance to deal with employees who thought they had symptoms of COVID. A task force was made on how to deal with it. I volunteered. I asked my supervisor and volunteered to help. I went into the NIH. The FAES [Foundation for Advanced Education in the Sciences] rooms are down in Building 10. There are big rooms, so they opened up those big rooms and it was like a big call center. People could call in to OMS [Occupational Medical Service] at first, and then they made up a line just for COVID response. I went in and answered calls from people who thought they had COVID or symptoms of COVID asking what they should do. It was set up for them to fill out this REDCap [Research Electronic Data Capture] form online. The process started after they filled it out—somebody would review that to see if in fact they needed to be tested.

Barr: Did you help people fill out their forms? Did people have a lot of questions?

Kreskow: Yeah, of course, because it was new. It was new to me—I had to learn how to fill it out and help people fill it out. Everybody just helped each other and answered the phones. We did the best we could, but of course, we were inundated with phone calls. People were scared—they didn't know. We all were. NIH was very good to the employees setting up the outside testing for people who thought they needed to be tested or were exposed and didn't know what to do. Then it kind of morphed into them not wanting us to be there, so they set it up where we could take calls at home—so we could stay here and not be exposed and do the same thing, basically.

Barr: Did you field calls all day long from people?

Kreskow: I picked the days. When I went in, I went in a couple of days a week. I was on some Zoom calls with people I work with trying to figure out what we are going to do in terms of protocols and patients. I picked a couple of days to go in and then be at home on the others. I picked two or three days at home to help on the phones.

Barr: Once a person called in, were you assigned to that one person throughout the whole process or were people assigned to help based on whoever could answer the phone at a given time?

Kreskow: It basically went to whoever could answer the call. There was also a list of REDCap forms and people would go through the forms one by one. You could see who was on top and somebody could go in and go to the next form, call that person back, go to the next form, and so on. After that process, I worked with OMS to call people back. Then they split up teams—REDCap people, some testing people, call back people, results people. I've worked out with OMS that we would get a list of people to call back with their results and then help them with whether they could or could not go back to work. There were certain guidelines set by the CDC. If they were okay to go back to work and symptom-free for a specific amount of time, then we would send them and their supervisor a form from OMS so they can return to work.

Barr: What were some of the challenges that you encountered in doing this?

Kreskow: For the most part, people were grateful that people were there to help them. Of course, there's challenges everywhere. People got upset that they had COVID or were exposed to COVID. Or they thought they had a cold. They said it was nothing even though we encouraged them that it could be more than a cold or flu. It was a lot of education for all of us. Also, in dealing with supervisors wanting some of the healthcare providers or other workers to go back to work—because some were getting sick, and they were short-staffed—each day was interesting.

Barr: Are there any particular memorable incidents that stand out for you or conversations that you had with certain people?

Kreskow: I can't think right now, offhand, of anyone in particular. I tried to help as much as I could and call people back to make sure they were okay if they got a positive result and were upset. Some people didn't want to believe that they couldn't go to work. They "had" to go to work. I said, "Well, no, you can't." People made up their own minds about what they wanted to do. You have to say, "No, you can't"—and sometimes people don't want to hear it.

Barr: Yeah, it's hard. When did you begin to administer COVID-19 vaccines to NIH staff?

Kreskow: They came out in January of 2021. I got my own first vaccine in January and waited a couple of weeks. I started administering vaccines in February. That was also a whole system, with a lot of good people setting up schedules for the providers to come and administer certain vaccines. We had training on that also.

Barr: How long was your training? What was your training like?

Kreskow: The training was—the process of what it was: People sign up, come in, get their badge, and wait for a booth. We had to make sure the person was the right person and that they weren't allergic or had any adverse reactions to past vaccines or other medications, administer the vaccine, and chart it after. Then they had to wait 15 minutes—or longer if they've had other reactions. Then they had a special place for people who had other reactions where people watch them. It was very organized, and I give a lot of credit to the people who organized it.

Barr: How long did you give vaccines for?

Kreskow: Probably until June when they were all done. Then I did go back to calling to help OMS because they were still inundated with calls. Then when the boosters came out, I also helped with the boosters until December. I didn't go in every day though. I went in two days a week.

Barr: What was the most exciting or rewarding aspect of being part of the vaccine campaign for you?

Kreskow: I wanted to help people because I've always been on the front line as a clinical nurse. I was around and took care of patients at NIH when HIV was just starting. I wanted to do something. I felt like I needed to do something to help. That's my nature. This avenue I chose felt safe for myself because we were all scared, but I was doing something to help. And why not at NIH where they took care of their employees as best as they could during the pandemic?

Barr: Yeah, definitely. Can you speak a little bit about how COVID-19 impacted your daily work as a nurse practitioner with NINR? You said that you were you were working from home for a bit.

Kreskow: Yeah. Well, it was different. All my career, basically, I went into work and took care of people or went to meetings at my office. I would telework if it was bad weather maybe once or twice a year. I was grateful that I could be home and I didn't have to be exposed to anybody, but I missed the interaction of my colleagues and the patients. Yes, it got lonely. All of us had to cope the best you could.

Barr: When did you come back in person to care for your patients?

Kreskow: I guess at the beginning of the year. We go in two days a week—more if we have patients, because right now, I'm just working with outpatients. We have set protocols and the patients come in on set days—at least two days a week, sometimes more. If not, I'm home teleworking or being in meetings. It's back to normal, but not really. I mean, I went in today and saw a lot of people and saw some patients, and that was great. Hopefully, we'll get back to full swing.

Barr: Yeah. Have you continued calling people for OMS?

Kreskow: I have not. The task force has slowed down in the last year. With the uptick of the new Omicron variant around the holidays, there was a new task force, but some of the old people were still on it. I just chose not to partake anymore because we were getting back into work. I just chose not to do it anymore. There were new guidelines, and things were changing so much. Anyway, I just chose not to.

Barr: That makes sense. Working with chronic fatigue, are you interested in looking at long COVID? There seems to be a lot of overlap.

Kreskow: I'm not with that group anymore. I was with NINDS [National Institute of Neurological Disorders and Stroke], which studied chronic fatigue syndrome. Now they have a new protocol for long COVID, which is a lot like chronic fatigue syndrome, but I'm not on that team anymore. I know that there are some studies for long COVID at the NIH. I'm not involved with that.

Barr: In addition to being a medical practitioner, you're also a person who's been living through this pandemic these past two and a half years. What have been some opportunities for you as well as some of the hurdles you've encountered throughout this pandemic?

Kreskow: As I said, there was a shock to all of us. It was scary being alone. I'm a people kind of person who likes to do things with people and go out and be active. That was a challenge because I couldn't really do that. My friends and I did get together—we would go outside, go to people's homes, and be outside—bring our own food and drink and hang out around the fire pit. I have musician friends, so we sang a lot of songs, of course a good six feet apart. About once a week, I went to people's homes, or they came here. We were outside. That helped me because I live alone, so it was good. I talked to people on the phone, and work helped. There were a lot of Zooms, and we all had to get used to that. Those were interactions that helped. It was a challenge, but I got through it. And I'm grateful that I stayed healthy. Some days were better than others. I would go outside a lot just because I like to be outside, and I needed to get out of the house, so I took a lot of walks. My neighbors and I would sit on our front lawns and chat in our chairs to keep connections with people.

Barr: Definitely. Did you have a lot of people ask you for advice, given that you're a nurse and you were doing all these COVID things at NIH?

Kreskow: Of course—if you're a nurse, they always ask you something. It's fine. People are people—they want to know. But you know, I didn't know! I listened to the news. I looked at all the emails and guidelines NIH and CDC was putting out. I believe in following the science, so if people had questions I would try to answer or direct them to CDC.

Barr: Is there anything else that you'd like to share about your professional or personal COVID experiences?

Kreskow: We all go through challenges in life. This was a challenge collectively for people, which made some relationships stronger and others not, but now we know certain things. We've learned lessons about ourselves and community, so we need to take the positive and go forward with that.

Barr: Yeah. Thank you for all that you have done for NIH employees during COVID with the vaccines and the call center. I wish you and your whole team at work only the best.

Kreskow: Well, thank you. I appreciate this opportunity.