

Behind the Mask

India Taylor

June 30, 2022

Barr: Good afternoon. Today is June 30, 2022. My name is Gabrielle Barr, and I'm the archivist at the Office of NIH History and Stetten Museum. Today I have the pleasure of speaking with Ms. India Taylor. Ms. Taylor is a visual information specialist and a production team lead, and she works in the Office of the Director. Thank you so much for being with me.

Taylor: Thank you, Gabrielle.

Barr: When did you become involved in generating the posters and signage for COVID-19?

Taylor: Medical Arts was involved from the very start, from March 2020. We have been here since the very beginning. We never actually stopped coming to work.

Barr: What types of resources was your group assigned to generate and at what scale? You see signs everywhere about every COVID-related situation possible.

Taylor: Yes. Every type of sign that could be made, we have made it. Every size poster, flyer, and outdoor signage. Outdoor includes A-frames, tilt and rolls, and decals that are suitable for outdoors that can stick on windows, walls, and things. We've done it all. To give you a sense of measurement, we've done over 3,000 COVID signage materials.

Barr: Wow!

Taylor: Yeah, it's been a lot.

Barr: You said you did posters, decals, and big outdoor posters. Can you list all the resources that you're involved with?

Taylor: Yeah. The outdoors is the A-frames, tilt and rolls, and decals. But indoor materials—that's how we would separate it, indoor or outdoor—would be a flyer, so that's simple sheet of paper, whether it's a heavier stock or a lighter stock, 8 ½" x 11" on up to 13" x 19" in size. For poster size, a lot of them, we kind of stuck around the 24" x 36" size. They were all designed, printed, and mounted on foam core. Lots involved!

Barr: How do you appeal to and catch the attention of such a diverse workforce and visitor group, some of whom have special needs?

Taylor: You can imagine in the beginning how frantic of a time it was. First of all, we stick with a consistent branding. If you notice the COVID signs, they all have the same banner across the top. I'm not going to call it a logo, but it's a COVID lock up on the left-hand side, and then it says "stop the spread of germs" to the right so that when you see that, you know that all of these fall into line. Then secondly, we use color and typography as a way to draw in the individual as a call to action. If it says, "Don't go this way", the "Don't go" might be in a bright yellow so you get that message.

Barr: How do you strive to make the signage captivating yet official and inviting to people? COVID is very, very serious and sobering—and kind of depressing for many people. How do you balance those things in your design?

Taylor: It depends. Going back to using color and that standardized branding, that's the formula for everything, but it really depends on the type of posts that we're doing. If it's some of the signage that you've seen all around campus, the purpose of that signage is to "don't go this way," "keep your mask on", "wash your hands." Those are calls to action. Our primary use is the tight emphasis on the key words, but other posters such as the vaccination posters, are set to appeal to the person through a personal touch.

Barr: Can you talk a little bit about some of the influences and inspirations for the signage, particularly the vaccination related ones that are more artistic than some of the others like handwashing?

Taylor: Yeah, that's not beating a dead horse or anything, but yes, the same formula. One of our medical illustrators, Jeffrey Everett, is the designer for the vaccination posters. Same thing—he designed them with a personal touch in mind. If you look at those, you see every type of person—woman, man, every color—they're all holding up their arm with the Band-Aid. You, me, we can get vaccinated. There's this inclusivity involved in the design for those. But with that, we decided to stay away from heavy typography—because we've been doing that for the past two years with those "call to action" posters—and use illustration as the primary force for communicating.

Barr: Can you talk about some of the considerations for all the signage that may not be obvious to the average person, like what federal style regulations you look at in terms of sizing and type? Some of these things are also online as well as printed out. What were some of those sorts of considerations that you and your team made?

Taylor: This is our job—to consider all the parameters, right? With the call-to-action posters—this is what I'm calling them now, "call to action posters"—we have to consider all things. You come to me as the client, you give me a set of words, and I then follow up with you about where these are going. Then we have to consider the distance. How far away can someone see the words for this? Intent and placement—all those things are fully considered in the process from the beginning for everything that we do. This is totally normal for us. Federal regulations, 508 compliancy—the whole nine—considered from start to finish.

Barr: Placement did have a bearing on some of the designs. Did you have any say on where they were placed? Or how things should be placed if they were in certain places?

Taylor: In the very beginning, not so much. Our clients trust our perspective. They do. But in March 2020, it was about what we were going to do, and it was about getting these things done super quick. We didn't have a lot of say at the time. Our clients came to us with placement in mind already. But later on, with other clients and institutes, as we started to branch out and COVID materials started to expand, we did have a strong say in placement for when they return to their offices. We would literally walk through the space and make recommendations on where to put certain types of signage.

Barr: Some of the places I've been, I feel like had too many signs that were too small. It looked very cluttered. You really couldn't see any of them.

Taylor: Yeah, I mean, that happens. Sometimes you have to ask yourself who's done the work. Sometimes, people are just downloading from the CDC website or wherever they get signs. Sometimes they make their own signage, and they're limited in their resources. They have 8 ½"x 11" sheets, and they're just typing it out and putting it out. Then again, considering the time limit, sometimes you just don't have enough time. You just have to get it done. That happened.

Barr: How much time did you and others have to work on the designs and execute a finished product, especially in the beginning of the pandemic when you had to get a lot of things up in a very short amount of time?

Taylor: Minutes! Minutes. Literally, minutes. Yeah, we had to turn things around very quickly. Very quickly. It was an ever-evolving situation. During that time, very uncertain times, things would come in from all directions. We literally would get the messaging. My colleague, Jessica Jackson, would lay out the type on the poster, and then that would get transferred to me. I would then physically produce the posters.

Barr: Can you talk a little bit about what your role was in terms of physically producing them?

Taylor: Oh, yeah. In the beginning, our branch chief, Tammie Edwards, would be communicating with the client. The clients could include OD [Office of the Director], ORS [Office of Research Services], or the Clinical Center. Those were the three primary ones at the time. She would relay that messaging to my colleague, senior designer Jessica Jackson. Jessica would then take that file and give it to me. I would then print the file at the size it's intended to be printed, then adhere the image to a backing board, and then wrap them all up. Now, we're talking 10 or 20 feet and up, so there's a lot of physical labor involved with that. Flyers are pretty easy. Just print them out, you send to the Xerox machine, and you trim them—those are pretty easy, but the larger posters take a little more effort.

Barr: What did the review process look like in terms of your designs especially in the beginning of the pandemic? Did your clients have any say about what they wanted it to look like?

Taylor: Yeah, so traditionally in the design field, there can be a lengthy review process for a client. They provide us with the text, we lay it out, we give the proof to them, and then they tell us to change this or that. But when it came to COVID in March 2020 and the following months, the review process was the quickest I've ever seen. Their primary focus was if it was legible and understandable. I feel like we achieved that on our end and that

they were pretty happy and content with our turnaround time. If you can imagine, when they give us the text, they're not giving it to us with the emphasis on words necessarily highlighted in bold. We have to take the initiative to interpret.

Barr: Can you talk about some of the entities that you collaborated with and how they wanted you to emphasize certain points and how those points should come across in the materials you created?

Taylor: Sure. As I mentioned before, some of the main clients or ICs [institutes and centers] we were working with were ORS and the Clinical Center. Offices within ORS would be the Office of the Director, the Division of Police, and Division of Emergency Management. These are the primary people who were communicating with us and asking for consistent materials back in March 2020. The primary messaging was six-foot distancing, wearing your mask, sanitation requirements, and traffic flow.

Barr: How did you and your team deal with such a rapidly changing situation?

Taylor: You just get it done. We just do it. It is challenging. We just get it done. Somehow, we pull a miracle every time.

Barr: Did certain designs or styles have a higher impact than others?

Taylor: I would say definitely the vaccination posters have had a huge impact. Stylistically, Jeff being an illustrator, they're awesome to look at.

Barr: They really are.

Taylor: Yeah, and they're talked about. But I think on the contrary, the call-to-action posters—ones that say, “keep your mask, go this way, go that way, don't come here”—those had an impact in the sense that it made it very real for folks at the time. Just based on sheer quantity, there's nowhere you can go on campus now without seeing them. I do think those added a little reality check to how serious the times were, at least two years ago.

Barr: What have been some of the challenges that you and your team experienced, and what are some of the opportunities or lessons that you feel you and your team learned?

Taylor: The challenge I mentioned already is just turning around so many items in such a short amount of time. That is definitely the hardest part about it. Some things we have in the office, other things we have to acquire from vendors off campus. That's definitely the hardest. Opportunities? It's more than solidified Medical Arts as a necessary entity on the NIH Campus.

Barr: Yeah, definitely.

Taylor: If you didn't know about us before, I hope you know about us now. Lessons? Stay ready. We were always kind of just ready all the time because we never know what's going to happen. We never know when we're going to get the call.

Barr: How did you balance your COVID work with your other Medical Arts duties? You guys do jobs other than COVID!

Taylor: I suppose in any other way that we balance work. I mean we do a lot of work, upwards of 100,000 jobs a year that's not COVID. Truthfully, COVID took priority. Everything kind of had to fall to the wayside once the COVID thing kicked off. It was definitely challenging. It's challenging now. We still get some requests, but at this point, we just consider it a regular part of work—as opposed to this special event or special thing that's happening in the world that we have to devote all our time to. It's definitely challenging. We just find a way. We let the client know what's going on. We compromise with them, and we prioritize based on the turnaround time.

Barr: Do you have a favorite COVID-19 resource?

Taylor: Out of all of them, probably the floor graphics that we offer. They cause people to stop and assess their distance. You literally have to stop and look at it and say, “Okay, wait, this is the mile marker for me. Don't go past this threshold. How far is it until the next?” It gives people a second to think about how far away they are from the next person.

Barr: Did you have to figure out all those, and do all the signage for all those elevators? Some of them take four people, some of them only took whatever, and you would see the signs that specify the capacity for people?

Taylor: There is a portion that we have done, but there are some that we haven't. In Building 10, I've seen some that are yellow for four people—we did not do those. But there is some capacity signage that we have made. There are others on campus who are making signage as well.

Barr: In addition to being an NIH employee, you're also a person who has been living through the pandemic. How did COVID-19 impact you personally, both in terms of challenges and opportunities, and what are some things that you have done to help get through it?

Taylor: It's been emotionally daunting and really tough, but I would say remaining to stay safe,...continuing to focus on my individual tasks, and taking the time to do things I enjoy.

Barr: Did you all have to come into work from the very beginning?

Taylor: Yes. Not all of the Medical Arts staff but myself and some other of my staff as well. We've never stopped coming. That's part of the challenge. If you can imagine back in 2020, when there wasn't a lot of information about how COVID was being transmitted person to person. You feel as though you're walking out into this unknown world each time. You just don't know, right? Then there's the worry of immunocompromised family

members and how to navigate that with them. How do you keep them safe? I'm not any different than any other person. It's been hard. As far as opportunities, again, I just feel as though it's solidified us—myself in my own career, and Medical Arts as a whole—as a necessary entity for NIH.

Barr: Definitely. Is there anything else you would like to say, either about your professional or personal COVID-19 experiences?

Taylor: No, ma'am, but I just wanted to thank you for allowing me to do this. This was great.

Barr: Well, thank you for doing this. Like I said, Medical Arts are a very big part of the pandemic at NIH. Your presence is everywhere so you had to be represented.

Taylor: Oh, thank you.

Barr: I wish you and your family continued safety and all the best.

Taylor: All right, you too, Gabrielle. Thank you so much.