

T’Nae Brown

Behind the Mask

June 27, 2022

Barr: Good morning. Today is June 27, 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 T’Nae Brown. Ms. Brown is the Director of the Division of Personnel Security and Access Control (DPSAC), which is part of the Office of the Director. Today she is going to be speaking about how her division was impacted by COVID-19. Thank you very much for being with me. As the Director of the Division of Personal Security and Access Control, can you give us an idea of what some of your responsibilities include?

Brown: Thank you, Gabrielle. DPSAC’s core mission is to ensure the NIH workforce is comprised of suitable federal employees, contractors, and affiliates and to promote the efficiency and integrity of the NIH mission. We are charged with prescreening employment applications, verifying personal identity, as well as processing background investigation requests, facility access requests, issuing badges, and also conducting suitability adjudications for the entire NIH workforce.

Barr: That's quite a lot.

Brown: Yes, it is!

Barr: How did DPSAC, which provides such essential services to NIH, adapt during the pandemic, and how did the response evolve over the course of the past two years?

Brown: During the pandemic, of course, we had to put COVID-19 safety protocols in place—that involves plexiglass, spacing requirements, and so forth. DPSAC, prior to the pandemic, was a walk-in service-based office where appointments weren’t required. However, during the pandemic, we transitioned to appointments in order to better accommodate our customers and in order to clean up equipment properly after the customers came in to be fingerprinted and badged. In addition, it's also so we’re able to track any possible exposure. Although we went to appointment only, we made our space available to the NIH workforce—our seating and waiting area were spaced in order to prevent any spread of COVID. One thing I can say is that since the pandemic started, we have not had an outbreak. We have been very successful with maintaining the office and opening daily from 8:00AM to 5:00PM. Our processing times have not been impacted—actually, processing times have decreased during the pandemic. The staff adjusted very well. We brought staff in on a rotational basis in case of a COVID outbreak. We had individuals that were home that weren't exposed that could come in for the individuals on site that were exposed, so we can maintain operational status.

Barr: How quickly did you have to make that transition, and what was it like for you as the director to put those all those protocols in place in such a short amount of time?

Brown: As soon as we got the notice that the government was shutting down, that was not an option for our office. We still wanted to be readily available in order for the NIH workforce to come on board and be badged, because everyone needs a PIV card in order to complete their job. That's something you use every day when you log on to your laptop. Once we were informed of that, we started implementing protocols right away. We were implementing protocols daily with plexiglass and cleaning materials and things of that nature, as well as adjusting our appointment schedule in order to accommodate the NIH workforce. We sent broadcast messages out, we updated our website, and we have a biweekly newsletter. This is something that we were implementing daily.

We also thought about things outside of the Bethesda area because what happens if individuals were outside of campus or far away? How could they be fingerprinted? We started researching a contract. We have something called Fieldprint Fingerprinting. Fieldprint services over 1,400 locations spanning the entire U.S. and U.S. territories. We opened these options up to our community so they can be fingerprinted for the badge. Those prints are fed to the FBI [Federal Bureau of Investigation] database and then the results are coming to us immediately. If an individual relocated to Florida, for example, we could find them a Fieldprint location within 50 miles of where they're located so they can get fingerprinted. If they require a badge, they can go to one of our locations, and we will just do an identity proof and issue them a badge. They wouldn't have to come two times for fingerprints and badging. Fieldprint helped us out significantly. With people relocating and people being at home, they could go to their local post office and get fingerprinted. Every day we were thinking of innovative ideas in order to accommodate the community.

As far as individuals coming in, maybe they had childcare issues, so we did allow children to come to our main campus location and we were able to accommodate that. Of course, being a manager, I do have staff that had childcare issues as well. We had to be flexible with that, but we were able to rotate the scheduling and have these options available. We were successful—and are still successful to this day—with the operational capacity. The COVID-19 pandemic opened our office up to so many other options that we could use to onboard new staff.

Barr: Some of those ideas would be great to implement in normal times. I relocated here from Chicago, and I had to travel here twice—which is very expensive and hard—so having that option would have been so wonderful.

Brown: Yep. NIH is an HHS [U.S. Department of Health and Human Services] PIV [Personal Identification Verification] credentialing facility. HHS has a number of other facilities along with the PSC [Program Support Centers], CDC, and FDA locations. However, those locations weren't operational daily as NIH was. Sometimes, in certain circumstances, we had to reach out to other locations for them to badge someone for us—but they may not be open. They did reach out to us for certain circumstances—we had to assist other HHS employees outside of NIH with badging because we were open and operational. The good thing about us being a PIV credentialing

facility under HHS is we're all under the same smartcard management system. We actually can PIV for other HHS OpDivs [operating divisions] and vice versa.

Barr: That's wonderful. What were some of the challenges that you encountered during COVID-19?

Brown: When the pandemic first started, you had to think of innovative measures in order to be able to accommodate the community, support the mission, and still run the office successfully. Everyone was going remote, so we wanted to ensure that we were still able to accommodate the requirements set forth by the Defense Counterintelligence and Security Agency (DCSA) that governs our background investigation process, our HSPD 12 [Homeland Security Presidential Directive 12] directives that govern our PIV requirements, and HHS. The PIV never went away, so unless you had an exemption, you needed it in order to complete your day-to-day [work]. Some of the challenges were ensuring that my staff was available and healthy—and also to be very supportive of any home adjustments they made. Another challenge was to also have options available not only for the community, but the flexibility with telework for my staff in order to accommodate the overall goal of ensuring that we were processing. It was more so being able to support the community with the flexibility to have telework and supporting the staff to actually get the work done, making sure they're healthy in the process, and making sure the community was able to come into an environment that will prevent the spread of COVID.

Barr: What was it like dealing with an NIH community that had been used to having walk-in service but now had to make appointments? I'm sure some of them were not very happy about the new system. What was it like dealing with them and advising your staff on how to deal with unhappy people?

Brown: It's all about communication. As I mentioned before, we updated our website; we sent out a global message in regard to our new protocols and also put out our bi-weekly newsletter. The important thing in terms of communication is that we were putting health and safety first. We didn't take away walk-in appointments because we didn't want to do them. We took away walk-in appointments because it was important for contact tracing. We were able to contact trace any individual that came into the office that ended up being exposed because we had an appointment calendar. We had to look out for not only the safety of the community, but the safety of the staff and the limitations of who they're coming in contact with. We wanted to ensure the office and equipment was sanitized. We needed time in between appointments in order to do that and ensure that we were cleaning the equipment properly. We had spaces in between that would prevent the spread. It was an adjustment, but I think the community received it well. We do have a lot of flexibility in our appointment calendar, so if it's someone that's urgent, we are able to accommodate them and bring them in.

A year after COVID, we started opening up our additional locations. We have a location in Building 10. We also have a location in Shady Grove at NCI [National Cancer Institute], on Fishers Lane [in Rockville] where the Program Support Center is, in Baltimore at Bayview, as well as at Fort Detrick. We do have a facility at NIEHS in North Carolina as well as [in] Hamilton, Montana. Once the pandemic started, of course, we shut down those additional locations, but once we got the main office set up with the protocol, we started extending those services to other locations to accommodate people that can't come to the main campus. I believe that the

community received it well. Not everyone likes changes, but the changes that we made were for the staff, and the community was really receptive and supportive of the reasons for that.

Barr: That's great. Did you have to deal a lot with people having to reschedule their appointments due to being ill or exposed, or because of childcare, or all those other issues that came up?

Brown: Yes, absolutely. Anyone that has to reschedule will contact us for those reasons, and we try to work them in as best as possible. Those things happen, unfortunately, but we are grateful that we're open Monday through Friday 8:00AM to 5:00PM. We're able to work them back into our schedule. The other OpDiv and PSC locations were not open as NIH was—they were only open two days a week. We were really able to accommodate our community on a higher scale in comparison to the other OpDivs because we were a daily operation.

Barr: What opportunities do you think that COVID presented for your department to grow? What opportunities would you adapt during normal times?

Brown: It opened up the ability for telework. We didn't really exercise telework as much pre-pandemic; we were basically on site every day from 8:00AM to 5:00PM with a walk-in schedule. With COVID-19, it opened up the flexibilities of telework and duties that can actually be done remotely. I've seen an increase in some of my branches with their workload. They actually have been much more successful on telework than they were on-site because, of course, if we're on site we have day-to-day distractions every day. We have customers coming in. Some of our personal security specialists adjudicate background investigations for final PIV credential decisions and some review the paperwork to make an interim decision for PIV credential. Doing that remotely allows them to concentrate and interact with the applicant quietly with limited distractions. And their actual numbers increase, and our timeliness improves. The benefit was that if we're able to produce at this higher pace remotely, the faster we can grant someone access to campus—so that was a success. Our average is actually 22 days, which is three weeks. That's really good. In comparison, from onboarding to badge issuance usually takes much longer than that. Telework, and actually being able to complete those background tasks remotely, was successful in bringing down our badge issue timeframe and allowing individual work production to increase.

Barr: That's wonderful. In addition to being an NIH employee, you're also an individual who's been living through the pandemic. How has COVID-19 impacted you personally and what are some ways that you have coped with all the different stresses and uncertainty of this virus?

Brown: Personally, I've been in government now for 23 years—I came in very young. I came from a law enforcement type of environment. Regardless of what was going on, nothing ever stopped. When COVID-19 happened, my expectation was to be in the office and able to support my staff and the community in order for us to successfully accommodate the pandemic. Personally, the adjustment is that I have the flexibility now to telework, which is great because I get so much done. It's also allowed me to spend a little bit more time at home with family, who understand the importance of being able to be there. Also, it's allowed me to have better understanding of the support that you have to give as a manager to your staff and their flexibilities. Fortunately,

I didn't spend much time out during the pandemic—we were on a rotational schedule. For me, in terms of impact, it was kind of like business as usual with a little bit of adjustment. It wasn't that significant. It's just being creative and innovative in order to accommodate your staff, as well as the community and your home life, to ensure everyone was safe and healthy.

Barr: Yeah, definitely. Well, coming from law enforcement, you must really be able to keep level-headed. That must be one of your skills.

Brown: Yes. I love what I do. I've been doing this for a very long time. Being level-headed, especially when you're dealing with background investigations, is the best way to be. We're making an unbiased decision. And my staff is great. They've been great the whole time. They have been supportive the whole time and as dedicated as I am in order to be successful. Being able to have that support in the office and outside the office is a contributing factor to the success of the division. I can't say anything but great things about the staff that supports me every day. They're very dedicated.

Barr: Is there anything else that you would like to share about your COVID-19 work or personal experiences?

Brown: No, Gabrielle—we've covered a lot. I appreciate you taking the time to interview me and learn more about DPSAC and our mission. When I came here, about five years ago, I said that we are the only office to actually touch every person that comes to campus. It's no other office that is physically here that does that, you know? You have your HR central office to handle your federal employees, and then you have contractors that go through CORs [Contracting Officer Representatives]. But everybody actually has to go through the badging process, and to be a part of that uniqueness is something great. Every day I learned something new, and I'm amazed by and so grateful to be a part of this community. Thank you.

Brown: Thank you as well.